Lakeland Jt. School District #272 Volunteer Assistance Application

School has many opportunities for you to get involved in helping educate our children. Your help is much needed and greatly appreciated. All prospective volunteers are required to complete this application. False information will result in immediate dismissal. Volunteers serve at the discretion of the building and district administration.

Name:			
Address:			
Phone Number:			
Email:		_	
I am a:Par	ent/Guardian	Comm	nunity Member
Information about	child/children attending <mark>S</mark>	<mark>chool</mark> :	
Student:	Grade:	Student:	Grade:
Student:	Grade:	Student:	Grade:
<u>Please check all are</u>	eas in which you would like	<u>to volunteer:</u>	
Room Parent	t ~ Assist teacher with mak	ing copies and other proje	ects, helping one-on-one with
students, assisting	with class events.		
School Speci	fic Events ~ Assist in plann	ing and implementing spe	cial school events (i.e. class
parties, field trips,	Dr. Seuss week, field day,	book fairs, Teacher Appre	eciation week, Fall carnival,
Veterans Day activ	vities, etc.).		
Lions Club V	ision and Hearing Screeni	ng ~ Assisting students to	and from the screening
(one-day event).			
My Availability and	l Skills:		
Days of the week I	can volunteer:		
Times I can volunt	eer:		
Frequency of my a	vailability to volunteer: Re	gularly Occasionally	Special Events
Areas of talent or	interest:		
In which Classroon	n(s) would vou like to volun	teer?	

be fingerprinted. Please must identify all prior of a failure to disclose p denied.	se make an appointment at t criminal convictions and any	the District Office to one pending charges belender will resurted to the charges belonger to the charges belonger to the charges will resurted to the charges belonger to the	ow. Falsified information and ult in your application being		
Statement of Underst	anding & Signature (Requi	red)			
	t's policy 4600 and 4600P re		ssistance.		
I understand policy 4600 and 4600P and agree to abide by them.					
I affirm that all of my r	responses are true, complete	e, and correct to the	best of my knowledge and		
are made in good faith					
I certify that I have re	viewed the above criminal h	istory information ar	nd responded truthfully.		
I understand my involv	vement with students is on o	ı volunteer basis as d	irected by the District.		
I agree to indemnify th	ne Lakeland Joint School Dis	trict #272 from any a	and all responsibility of liability		
that may be incurred a	s a result of my volunteering	g for the District.			
Date:	Signature of App	licant:			
Thank you for taking	the time to complete this a	pplication. We are	grateful for your willingness		
	l participate in the educati		, ,		
Principal Signature					
Office Use Only		T			
Principal Review	Date	Raptor Scan	Date		
Background Check	Date	Approved: Date	Denied: Date:		