

Graves County Schools

Volunteer Application/Information Sheet

Copy of this form must be on file at each school where volunteer is assigned.

Name _____ Date _____

Address _____ Cell Phone _____

City _____ State _____ Zip _____

Email _____

Emergency Contact Name & Cell Number: _____

Name(s) of child attending this school _____

Relationship (eg, son/grandson/nephew) _____

Availability: Please mark your preferred hours and days below:

Monday		Tuesday		Wednesday		Thursday		Friday	
AM	PM	AM	PM	AM	PM	AM	PM	AM	PM

Placement Information: Please indicate below () which responsibility you prefer as a volunteer.

___ Perform clerical duties (copies, lamination, decorating bulletin boards)

___ Work with students (flash cards, reading, small groups)

___ Assist with school events (Fall Festival, Reading Night, Blood Drive)

___ Act as a Watch D.O.G.S. (Dads of Great Students)

___ Assist in support areas (library, computer lab)

___ Assist the Family Resource and Youth Service Center

___ Act as a student mentor

___ Other _____

This section is to be completed by the School's Volunteer Coordinator.

The following must be completed & documents must be filed in the volunteer's folder before volunteering:

(*denotes to be completed yearly)

___ Application* ___ Handbook Orientation* ___ Confidentiality Agreement*

_____ Date of Approved Background Check (See the Current Background List file for approval date)

Volunteer Assignment: _____

Evaluation of Services: ___ Satisfactory ___ Unsatisfactory

Hours Volunteered: _____