



An Osborn EducationSM

Osborn School District #8 ♦ 1226 West Osborn Road ♦ Phoenix, AZ 85013 ♦ (602) 707-2000 ♦ www.OsbornSchools.org

VOLUNTEER APPLICATION FOR COMMUNITY MEMBERS

Thank you for your interest in our school. If you would like to volunteer, please complete and return this form to the Volunteer Coordinator, Roberta Figueroa (602-707-2566) at Montecito School.

Name: _____

Address _____

City _____ Zip Code _____ Phone _____

Email Address _____

Occupation _____

Work Address _____ Phone _____

Do you have a valid fingerprint clearance card for the Osborn School District? _____

If not, please come to the District Office to be fingerprinted (free for our volunteers).

Educational background _____

Experience with children _____

Volunteer Preference: _____

School and grade _____

Day _____ Time _____

Start date _____ Classroom _____

Languages other than English that you speak _____

List special skills, interests or hobbies that you would share with us: _____

Clarendon School 4 th - 6 th grade 1225 W. Clarendon Phoenix, AZ 85013 (602) 707-2200	Encanto School Preschool - 3rd grade 1420 W. Osborn Phoenix, AZ 85013 (602) 707-2300	Longview School Preschool - 6th grade 1209 E. Indian School Phoenix, AZ 85014 (602) 707-2700	Montecito School Preschool - 6th grade 715 E. Montecito Phoenix, AZ 85014 (602) 707-2500	Osborn Middle School 7 th - 8 th grade 1102 W. Highland Phoenix, AZ 85013 (602) 707-2400	Solano School Preschool - 6th grade 1526 W. Missouri Phoenix, AZ 85015 (602) 707-2600
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Areas of interest to me:

Ballet	_____	Classroom	_____	Field Trips	_____
Guest Speaker	_____	Library	_____	Music	_____
Office	_____	Special Projects	_____	Tutor	_____
Other	_____				

Volunteer Immunization Form

For your health and safety and that of our students, please provide information concerning susceptibility to Measles and Rubella. Please check the following statement for each disease and then sign.

MEASLES

1. I was born prior to 1957 (age exemption).
2. I have had Measles (you must provide lab results).
3. I have been immunized (please provide an acceptable immunization record).
4. Due to my physical condition, immunization presents a health risk at this time.
5. I do not choose to be immunized due to personal or religious beliefs.

RUBELLA

1. I am at least 45 years of age or older.
2. I have had Rubella (provide lab results).
3. I have been immunized (please provide an acceptable immunization record).
4. Due to my physical condition, immunization presents a health risk at this time.
5. I do not choose to be immunized due to personal or religious beliefs.

Please note that you are considered susceptible to Measles and/or Rubella if you checked (4) or (5) for one or both. You are also considered susceptible if you checked items (2) or (3) and have not provided acceptable documentation. In either case, if you are susceptible, it will be necessary to ask you not to volunteer in the event of an outbreak of Measles or Rubella.

Signature

Date

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VOLUNTEER SUPPLEMENTAL INFORMATION

Please list three friends or employers who have known you for at least two years and whom we may contact regarding your request to volunteer in our schools.

#1 Name _____

Address _____

Phone _____ Email _____

#2 Name _____

Address _____

Phone _____ Email _____

#3 Name _____

Address _____

Phone _____ Email _____

Driver's License Number _____ State _____

Have you ever been convicted of a felony or misdemeanor? _____ Yes _____ No

If yes, please explain _____

Have you ever been convicted of a crime against children? _____ Yes _____ No

If yes, please explain _____

I certify that the above information is correct. With my signature, I authorize the Osborn School District to investigate my background. I understand that the information will be kept confidential.

I agree to abide by all district rules and policies regarding volunteering in the schools.

Signature _____

Date _____

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VOLUNTEER EMERGENCY INFORMAITON

Name (Please print) _____
Last First

Address _____

Home phone _____ Work phone _____

Person to notify in case of emergency:

Name _____ Phone _____

Name _____ Phone _____

Any health conditions of note? _____

In case of emergency, I choose to go to _____ hospital.

*It is a good idea to wear a MediAlert bracelet if you have a condition that may require attention

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