



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 (602-707-2004) (fax 602-707-2040) (email rfiguero@osbornnet.org).

Name: _____

Address _____

City _____ Zip Code _____ Phone _____

Cell Phone _____ Email _____

Occupation _____

Work Address _____ Phone _____

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

If not, please contact Roberta Figueroa to set a time to run a fingerprint check (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
4th - 6th 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

Osborn Middle School
7th - 8th grade
1102 W. Highland
Phoenix, AZ 85013
(602) 707-2400

Solano School
Preschool - 6th grade
1526 W. Missouri
Phoenix, AZ 85015
(602) 707-2600

AREAS OF INTEREST TO ME

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

VOLUNTEER IMMUNIZATIONS

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.
3. I have been immunized.
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.
3. I have been immunized.
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 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 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

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VOLUNTEER EMERGENCY INFORMAITON

This form will be copied and placed in the school office of the school in which you volunteer.

Name: _____

Address _____

City _____ Zip Code _____ Phone _____

Cell Phone _____ Email _____

Person to notify in case of emergency:

#1 Name _____ Phone _____

Work Phone _____ Cell Phone _____

#2 Name _____ Phone _____

Work Phone _____ Cell 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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