

OSBORN SCHOOL DISTRICT #8
1226 W Osborn Rd, Phoenix, AZ 85013

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, Sindi Westberg (602-707-2032).

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 _____

Languages other than English that you speak _____

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

Areas of interest to me:

| | | | |
|--------------|-------|------------------|-------|
| Art | _____ | Special Projects | _____ |
| Library | _____ | Special Ed. | _____ |
| Classroom | _____ | Family Center | _____ |
| Music | _____ | Guest Speaker | _____ |
| Office | _____ | Tutor | _____ |
| Physical Ed. | _____ | Field Trips | _____ |
| OASIS 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

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

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
