

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

VOLUNTEER APPLICATION FOR PARENTS

Thank you for your interest in our school. If you would like to volunteer, please complete and return this form to the District Office.

Name _____

Address _____

City _____ Zip Code _____ Phone _____

Email Address _____

Names and grades of children in the Osborn Schools:

Name	Grade	School
------	-------	--------

--	--	--

--	--	--

Occupation _____ Address _____

Educational Background _____

Volunteer Preference:

School and grade _____ Start date _____

Day _____ Time _____

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	_____
Health Services	_____	OASIS tutor	_____



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 EMERGENCY INFORMATION

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

PARENT VOLUNTEER SUPPLEMENTAL INFORMATION

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. 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