

**CABELL COUNTY PUBLIC SCHOOLS VOLUNTEER APPLICATION FORM**

**Guyandotte Elementary School**

Mike Krenzel (Principal) Patty Kessick (Parent Partner)

Name \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_ Zip \_\_\_\_\_ Telephone \_\_\_\_\_

E-MAIL: \_\_\_\_\_

Childs Name \_\_\_\_\_ Teacher \_\_\_\_\_

YES / NO Have you ever been arrested or convicted of any offense that involves misconduct toward a minor?

Have you ever been arrested for or convicted of a felony? Please attach explanation if yes.

**All volunteers must have a driver’s license scan conducted at the school site.**

Volunteers who will be unsupervised with students (field trip drivers, unaccompanied chaperones, etc.) are required to complete a background check that will cost approximately \$11. The background check must be completed prior to performing volunteer services. The background check can be initiated by visiting [www.cabellschools.com](http://www.cabellschools.com). The “I want to volunteer!” link is found at the bottom right of the homepage.

**VOLUNTEERS**

Please check area(s) of Interest below:

- 1. \_\_\_\_ Classroom Aide (assist teacher, doing whatever is necessary)
- 2. \_\_\_\_ Athletic/Field trip drivers (please complete mandatory driver’s information below)
- 3. \_\_\_\_ Chaperones for school trips
- 4. \_\_\_\_ Mentors
- 5. \_\_\_\_ Library helper
- 6. \_\_\_\_ Office Assistant
- 7. \_\_\_\_ Tutor
- 8. \_\_\_\_ Cafeteria help
- 9. \_\_\_\_ Secretarial volunteer
- 10. \_\_\_\_ Beautification (coordinate school beautification projects with our LSIC)
- 11. \_\_\_\_ Fundraising (assisting the PTO)
- 12. \_\_\_\_ Yearbook
- 13. \_\_\_\_ Sign (change sign in front of school as needed)
- 14. \_\_\_\_ PTO Officer (If you would like to become President, Vice President, or Secretary of the PTO)
- 15. \_\_\_\_ Class Reader (read to a class or listen to a student read)

**In Case of emergency call:**

Name \_\_\_\_\_

Telephone \_\_\_\_\_

**VOLUNTEER SIGNATURE** \_\_\_\_\_

**School** \_\_\_\_\_

**FIELD TRIP DRIVER**

ONLY Driver License No. \_\_\_\_\_ Date expires \_\_\_\_\_

**Automobile Insurance**

Name of Insurer \_\_\_\_\_

Policy No. \_\_\_\_\_ Date expires \_\_\_\_\_

YES/NO Have you ever been cited, arrested, or convicted of a traffic offense? Please provide explanation if yes.

**For Principal/Principal Designee Use Only**

**By signing this application, I affirm that I have conducted the required Driver's License scan for the volunteer applicant.**

**\_\_\_ Because this applicant will be unsupervised with students, I have directed the applicant to the county website to complete background check prior to serving as a volunteer.**

\_\_\_\_\_ Date \_\_\_\_\_

**Principal's Signature**

**Return copy to: Assistant Superintendent Todd Alexander, Cabell County Public Schools**