Go Bobcats!

Brookings School District

Application to Volunteer

School Volunteer Programs/2130 8th Street S/Brookings, SD 57006
Phone 605-696-4700/Fax 605-696-4704

PLEASE READ BEFORE COMPLETING

We are delighted to process this application to volunteer with the Brookings School District. Please complete this application accurately and completely. **Be aware that a background check could be performed.** We do this to comply with state law and to maximize the safety of our students. You may submit this application to the school of your choice or to the district office at the address above for processing. You must fill out a new application each year. Thank you for offering your time, talents and skills to enhance the education of our students.

Please Type or Print Volunteer School Location:_____

☐Female ☐ Male

Month/Day/Year

Name:_____ _____ _____
Last First Middle

Mailing Address: _____ _____ _____ _____
Street City State(Abr.) Zip

Phone: _____ _____ Email: _____
Home Work

Occupation: _____ Employer: _____

I have been a volunteer for _____ years.

Emergency contact: _____ Phone: _____

Have you ever been convicted, found guilty, entered a plea of no contest, entered into a deferred prosecution or pre-trial intervention agreement, or had adjudication withheld in a criminal offense other than a minor traffic violation? (DUI is not a minor traffic violation.) Are there any criminal charges now pending against you?

→PLEASE CHECK ONE: ☐ **YES** ☐ **NO** A *"NO check means "NO" to every statement above.*

Where Arrested: _____ Date(s): _____ Nature of Charge(s):_____

Disposition: _____

If **YES**, principal approval will be required ☐ Approved☐ Not Approved, Principal _____

By signing, I agree to abide by the policies and/or procedures of the Brookings School District Volunteer Program, and of the individual school in which I serve. I understand that the program reserves the right not to place me or to discontinue the use of my services as a volunteer.

→VOLUNTEER APPLICANT SIGNATURE: _____Date: _____

I am interested in the following volunteer placements:

☐ Tutoring/Subject_____

☐ Library ☐Mentoring ☐Classroom ☐Activities ☐ Special Events ☐Field Trips

I am available: ☐M ☐T ☐W ☐Th ☐F Times:_____

List career/volunteer experiences, talents, skill or hobbies: _____

Do you have children attending this school? ☐Yes ☐No Relationship to child: ☐Mother☐Father☐Grandparent☐Step-Parent

Child(ren) Name(s): _____

Teacher(s)/Grade(s)_____

☐I am a student at:_____ If volunteering for a college class requirement, indicate the following:

Professor's Name: _____ Course #: _____ Total Hours Required: _____

OFFICIAL USE ONLY: Law Enforcement Background Check: Date: _____ Confirmed by:_____

Placement:_____

Supervising Teacher: _____