



Arlington
Public
Schools

VOLUNTEER APPLICATION

Name: _____

Phone: _____

E-mail: _____

Home Address: _____

Applicant Age: ____ (Optional)

If under 18, please specify age ____ (Please complete parental consent section on page 3)

Languages spoken other than English: _____

Do you have students enrolled in APS? Yes No

If yes, please list:

Student Name, Grade, School: _____

Student Name, Grade, School: _____

Student Name, Grade, School: _____

Please indicate the days of the week and times of day you are available to volunteer:

-
- I am interested in volunteering on a regular basis
 - I am interested in volunteering occasionally.
 - Please call me when you need help.

Please check the types of volunteer jobs that interest you:

- Working with individual students
- Working with groups of students
- Assisting with administrative tasks
- Helping with special events

Check below if you currently serve or are interested in serving in one of these roles:

- Book Buddy
- RSVP - Northern Virginia Volunteer

Please list your area(s) of expertise or interest in a particular subject, topic or activity:

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Please list three references who you have known for at least two years. References should not include relatives. If you are currently employed, please list your supervisor's name.

EMPLOYER or OTHER:

(1) Name, Organization, Phone or Email:

OTHER:

(2) Name, Phone or Email:

OTHER:

(3) Name, Phone or Email:

Have you ever been convicted of any offense other than a minor traffic violation?

No Yes (If yes, please explain.)

Please add any additional information you would like to share as part of your application.

In case of emergency, please contact:

Name: _____ Phone Number: _____

I agree to follow all of the school district's rules and regulations and to participate in any required orientation and training. I agree to respect the confidential nature of all student information. In the event that I violate any of these requirements, or if it is determined to be otherwise in the best interest of the school, I understand that my volunteer service may be terminated by Arlington Public Schools. I authorize the school system to check all state registries of founded cases of child abuse or neglect. I also authorize all references listed to provide any pertinent information they may have, and hereby release all parties from any liability for furnishing this information. I certify that I have made true, correct and complete answers and statements on this application.

Signature: _____ Date: _____

For Office Use Only

Date Received: _____ Date Verified: _____

Date of Orientation: _____ Date Added to APS Database: _____



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Parental/Guardian Consent for Minor Volunteers

Volunteers under 18 years of age must have their parent(s)/guardian(s) complete this Consent Form and return it with the completed APS Volunteer Application Form.

Mother/Guardian's Name: _____ Phone number: _____

Father/Guardian's Name: _____ Phone number: _____

Date of Student's last medical exam: _____

Please list any medication the student is using that may need to be taken or administered while the student is volunteering:

If there is anything else we should know about your student as it relates to volunteering, please explain here:

My son/daughter, _____, has my permission to participate as a volunteer for Arlington Public Schools. I understand that APS volunteers are supervised by APS staff at all times. I have also read the Code of Conduct and Application Form submitted by my son/daughter and agree to the terms therein _____.

Signature of Parent/Guardian

Date

This form must be included with the completed and signed APS Volunteer Application.



Volunteer and Partner Non-Disclosure and Confidentiality Agreement

I understand that, as a volunteer in the Arlington Public Schools (APS), I am not permitted to share any personal information about APS students, staff, parents/families and other volunteers with any individuals who are not current employees of the APS school where I am volunteering or with any APS individuals who do not have an educational need to know that information. I agree that I will not share any of the following:

- Any personally identifiable information about students, parents/guardians, staff and other APS volunteers
- Information pertaining to students and staff such as:
 - Names
 - Mailing and email addresses
 - Phone numbers
- Academic, medical, physical or mental health information

As a volunteer and/or partner for Arlington Public Schools (APS), I also understand and agree to the following:

- I may have some access to the above information as a volunteer as part of my volunteer work and/or to enable me to perform my functions as a volunteer, but I agree to hold this information in strict confidence.
- I will not share this information outside of the circle of the APS staff and volunteers where I am a volunteer who have an educational need to know that information.
- I will ensure that the information I receive is kept safe and secure from any unauthorized access, which includes preventing access to any computer files, paper files or other media which may contain this information.
- I will not make or keep any electronic copies with any information about students, parents/guardians, staff or other volunteers that I have learned or received as part of my volunteer work.
- I will not impose any of my own personal, religious or political views upon students.
- I understand that I will work as a volunteer under the supervision and/or direction of one or more APS staff members.

Signature

Date

Printed Name