

**CHESTER SCHOOL DISTRICT**

**Additions Volunteer Program 2016-2017**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Employer: \_\_\_\_\_

Employer Address: \_\_\_\_\_

Email Address: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Names of children attending school in Chester.

| Name  | Grade | Teacher |
|-------|-------|---------|
| _____ | _____ | _____   |
| _____ | _____ | _____   |
| _____ | _____ | _____   |

1. For the safety and protection of our students, please answer the following:

Have you ever been convicted of a crime or a disorderly persons offense? \_\_\_ Yes \_\_\_ No

**FAILURE TO DISCLOSE CONVICTION INFORMATION WILL DISQUALIFY A VOLUNTEER. Please sign below to attest that the above answer is true.**

\_\_\_\_\_  
Signature Date

2. Volunteers in the Chester School District generally work in their own children's classrooms. Please check below what type of volunteer opportunities you prefer.

- |  |   |
|--|---|
| <input type="checkbox"/> Lunch and/or Recess       | <input type="checkbox"/> Special Projects and/or Events |
| <input type="checkbox"/> Library                   | <input type="checkbox"/> Clerical Work                  |
| <input type="checkbox"/> Art                       | <input type="checkbox"/> General Classroom Volunteering |
| <input type="checkbox"/> Dickerson School Art Show | <input type="checkbox"/> Dickerson or Bragg Book Room   |

OVER PLEASE

If possible, please elaborate on what school and where you would prefer to volunteer.

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3. What days and times do you prefer to work?

Monday AM PM

Tuesday AM PM

Wednesday AM PM

Thursday AM PM

Friday AM PM

4. Do you have an area of expertise, hobby, talent, speak a foreign language etc. that you would be willing to share with students (upon teacher request)? If so, please elaborate.

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Please list two references who are not relatives. References will be checked for persons who participate in student contact activities.

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_