**THE OPEN SCHOOL**

**VOLUNTEER APPLICATION**

(to be completed by any person volunteering at The Open School or at school-sponsored activities/event)

Name: E-Mail Address:

Address: Cell Phone:

Home Phone: Work Phone:

Names(s)/Age(s) of Child(ren):

Please describe the ways in which you wish to volunteer at The Open School (select all that apply):

In the classroom: \_\_\_\_

At school events/parties: \_\_\_\_

On school field trips: \_\_\_\_

Assisting teachers with class prep, supplies, etc.: \_\_\_\_

Fundraisers: \_\_\_\_

School Maintenance: \_\_\_\_

Other (please explain): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are you a convicted felon? YES NO If Yes, please explain:

Have you ever been convicted of **any** crime involving a child under the age of 18 or related to children in any way? YES NO If Yes, please explain:

Policy Statement: Volunteers should abstain from volunteering at The Open School during any time when that individual has a communicable disease, is actively contagious, and presents a direct health/safety risk for students and employees of The Open School.

**By signing this form, I agree to comply with all of the policies and procedures of The Open School. I also hereby consent to a background check to ensure the appropriateness of my volunteering for The Open School.**

Signature Date

Name (Printed)