



Yorktown Independent School District
APPLICATION FOR VOLUNTEERS

1. Name: _____

Address: _____

Telephone: _____

E-mail: _____

2. At which campus(es) are you interested in volunteering? Campus principal circle one and sign.

___ Yorktown Elementary School: Approve/Disapprove

Campus Principal Signature: _____

___ Yorktown Middle School: Approve/Disapprove

Campus Principal Signature: _____

___ Yorktown High School: Approve/Disapprove

Campus Principal Signature: _____

3. What days of the week and times will you typically be available to volunteer?
Please circle the day or days you are available: M T W Th F

Please indicate the times you are available between 7:30 a.m. and 4:30 p.m.:

4. What kind of volunteer work would you prefer?

(Revise based on District/campus volunteer opportunities)

___ Assist teachers with assignments

___ Assist with field trips*

___ Serve on District or campus committees

5. Background and experience:

Education: _____

Special skills: _____

Work or other relevant experience: _____

6. Based on the type of volunteering, fingerprinting may be required by the district at the expense of the volunteer.

*** The district will require fingerprinting at the expense of the volunteer for extended (overnight) field trips or for multiple field trips.**

Signature

Date



Yorktown Independent School District
CRIMINAL HISTORY RECORD INFORMATION ADDENDUM
(CONFIDENTIAL*)

I authorize the _____ School District to obtain copies of any information pertaining to any criminal history record maintained by any law enforcement agency, criminal justice agency, or consumer reporting agency, and use the information only for the purpose of evaluating my application to volunteer in the District.

Full name (*print*): _____

Date of birth: _____

Driver's license number: _____

Mailing address: _____

Sex: ___ Male ___ Female

Ethnicity: ___ Asian/Pacific Islander ___ Black ___ Hispanic ___ Native American
 ___ White ___ Other

I understand the information I am providing about age, sex, and ethnicity will not be used to determine eligibility for a volunteer position but will be used solely for the purpose of obtaining criminal history record information.

I understand that I am responsible for all fees associated with obtaining the criminal history record information.

Signature

Date

*This form will be removed from the application and filed separately in the office of the volunteer coordinator.