

PARTNERS IN EDUCATION VOLUNTEER APPLICATION

Thank you for your interest in volunteering. As a volunteer you can help our children learn. You need not be experienced in teaching, just willing to share. The gift will help our students develop a positive attitude toward learning and become more motivated to achieve their potential.

On the form below, indicate how you are willing to help. Add any areas of interest that we may not have listed. Return the form to **Unity Community Education, 1908 150th St/Hwy 46 N, Balsam Lake, WI 54810.**

Name _____ Date _____

Address _____

Phone #1 _____ Phone #2 _____

Email _____

Special Training and Experience (please include hobbies and skills) _____

Languages _____

Activities/Organizations _____

Names and grades of your children, if any, attending Unity School _____

Do you want to volunteer in your child's classroom? YES NO Teacher Name _____

If you have volunteered at Unity previously, are you interested in remaining with the same teacher?

YES NO If yes, name of teacher(s) _____

We are looking for people who are interested and willing to speak to students in all grades on a variety of topics and/or demonstrate a skill or hobby. Would you be interested in this? YES NO If yes, what are you interested in sharing? _____

VOLUNTEER INTEREST

Please check all that apply to you:

<input type="checkbox"/> Classroom	<input type="checkbox"/> Kindergarten	<input type="checkbox"/> Primary	<input type="checkbox"/> Middle School	<input type="checkbox"/> High School
<input type="checkbox"/> Science	<input type="checkbox"/> Social Studies	<input type="checkbox"/> Media Center	<input type="checkbox"/> Reading Tutor	<input type="checkbox"/> Math Tutor
<input type="checkbox"/> Special Ed	<input type="checkbox"/> Music	<input type="checkbox"/> Art	<input type="checkbox"/> Physical Ed	<input type="checkbox"/> Health
<input type="checkbox"/> Clerical	<input type="checkbox"/> English	<input type="checkbox"/> Drama	<input type="checkbox"/> Vocational Ed	<input type="checkbox"/> Lunchroom
<input type="checkbox"/> Playground	<input type="checkbox"/> Mentor	<input type="checkbox"/> Computer Lab	<input type="checkbox"/> Other _____	

Do you have an interest in chaperoning field trips? YES NO

Can you type? YES NO Are you interested in working at home on projects? YES NO

Would you like to work: Daily Weekly Monthly Occasionally

Days and times you could volunteer: Monday _____ Tuesday _____

Wednesday _____ Thursday _____ Friday _____

Volunteer's Emergency Information

Personally identifiable information collected on this form will be used to best handle any emergency medical situation that may occur. Such information will not be released without permission and will be retained only for the duration of volunteer service.

Volunteer's Name:	
Name of person to contact in case of emergency:	Telephone Number(s):
Secondary emergency contact:	Telephone Number(s):
I authorize all treatment deemed advisable & suggest (doctor):	Telephone Number:
OR, the Emergency Room at (hospital, clinic, or other):	
OR, if unavailable, any appropriate medical care deemed advisable by volunteer station authorities: <input type="checkbox"/> YES <input type="checkbox"/> NO	
Volunteer's Signature (Cross out any of the above options you do not want):	Date:
IMPORTANT <input type="checkbox"/> If you have any unusual health hazards such as easily bleeding, serious drug allergies, or are not to be referred to a doctor for religious reasons, check this box and describe the situation in the space below:	
I am taking medication on a continuing basis for the following conditions:	
Medication:	Condition:

UNITY

SCHOOL DISTRICT

1908 150th Street/Hwy 46 North, Balsam Lake, WI 54810-7267

Phone: (715) 825-3515 www.unity.k12.wi.us

Fax: (715) 825-3517

RE: BOARD POLICY IICC – VOLUNTEERS, Administrative Rule

To be signed by the volunteer and attached to the volunteer application.

I, _____, understand and agree that I will:

- a. Not be eligible for salary, stipend, or benefits;
- b. Be covered by the District's liability insurance;
- c. Be responsible for my own personal injuries;
- d. Follow all activity policies and procedures of the Board, Administration and Athletic Department;
- e. Attend all in-service meetings designed to enhance student relationship skills as deemed necessary by the Administration and /or Athletic Director;
- f. Accept direct and indirect supervision of the supervisor (teacher, coach, principal, etc.);
- g. (May) be dismissed at any time without cause.

Volunteer Signature: _____

Date: _____

**PARTNERS IN EDUCATION VOLUNTEER PROGRAM
BACKGROUND CHECK AND SECURITY FORM**

Thank you for your dedication to the young people of Unity School. To assure that we are providing the best service and safety to our students, it is required that you complete the following information.

Full Name _____

Birthdate _____ Social Security # _____

Driver's License # _____

Address _____
Street City State Zip

Number of years at this address: _____

Have you ever, in your lifetime, been convicted of or do you have any charges pending for felonies, misdemeanors and/or ordinance violations other than minor traffic violations? This includes all court addressed charges such as disorderly conduct, battery, worthless checks, etc. _____YES _____NO
If yes, please explain. Prior convictions may not exclude you from volunteering in our schools.
Misrepresentations on this statement will exclude you.

Please list two references:

#1 Name _____ Phone # _____

Address _____

#2 Name _____ Phone # _____

Address _____

I hereby authorize the Unity School District to review my personal background check. I consent to having the Unity School District conduct a full and complete criminal background check. I understand that any misrepresentation on this statement may result in immediate disqualification for any volunteer service within the Unity School District. I understand that Unity School District will verify the information I have provided above. I hereby release the District, its Board and its agents, as well as all providers of information, from any liability related to furnishing and receiving information related to arrests and convictions. I understand this information is a necessary precaution, which will allow me to volunteer at the school, and is for the safety and benefit of the students, the school, and myself.

Signature

Date

Please return this form to Unity Community Education, 1908 150th St/Hwy 46 N, Balsam Lake, WI 54810.