



Everett Public Schools

# Volunteer Application

*Completion of one application will allow you to volunteer  
or work as a community partner in all Everett schools.*

School/Office Use Only	
Date to Comm.	_____
School/Dept.	_____
Code	_____ Date Approved _____
Previously screened	<input type="checkbox"/>

*(Please use black ink.)*

Have you completed a volunteer application for any Everett school in the past three years? Yes ☐ No ☐

Legal name \_\_\_\_\_  
*First Middle Initial Last*

List all previous names *(maiden, previous married names, etc.)* \_\_\_\_\_

Your date of birth \_\_\_\_\_ E-mail \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone (day/cell) \_\_\_\_\_ (evening) \_\_\_\_\_

Business/Company *(if applicable)* \_\_\_\_\_ Title \_\_\_\_\_

Emergency contact \_\_\_\_\_ (phone) \_\_\_\_\_

**Please check one:**

parent of a student ☐ grandparent/relative of a student ☐ non-parent/community member ☐

**If you have a child attending an Everett school please list:**

<i>Child(ren) full name(s)</i>	<i>School(s)</i>	<i>Grade</i>
_____	_____	_____
_____	_____	_____

**Please list the location(s) where you will be volunteering, either now or in the future:**

child's school (see above) ☐ no preference ☐ potentially all schools ☐ other (listed below) ☐

**Please check the areas in which you may be volunteering:**

Field Trip Chaperone ☐ Presentation Panelist ☐ Mentor Matters *(partnership w/Big Brothers/Big Sisters)* ☐

Classroom Helper ☐ Reading Tutor ☐ Math Tutor ☐ Culminating Exhibition Mentor ☐

Walkabout Program ☐ Other (please list): \_\_\_\_\_

**(OPTIONAL) Please indicate the days and hours you are available to volunteer:**

Monday ☐ hours \_\_\_\_\_ Wednesday ☐ hours \_\_\_\_\_ Friday ☐ hours \_\_\_\_\_

Tuesday ☐ hours \_\_\_\_\_ Thursday ☐ hours \_\_\_\_\_

***I understand that a State Criminal History Background Clearance is required and that my service as a volunteer and/or community partner depends on approval. I release the Everett School District from any liability as a result of receiving any information.***

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

*Revised August 2007*