## **COVINGTON INDEPENDENT PUBLIC SCHOOLS**

## **VOLUNTEER APPLICATION**

## PLEASE PRINT OR TYPE—FORM WILL BE RETURNED IF ILLEGIBLE OR INCOMPLETE

Volunteer Site:	Pı	rincipal/Director Si	gnature		
PERSONAL INFORM	ATION:				
Name			Maiden Name (if applicable)		
	Street Addre	ss		City	State
•	Date of Birt	h:	Social Se	curity No.:	
Do you have children	enrolled in Covington sc	hools?Yes	No		
	ONS: (Check your volui	nteer preference froi	m the following	categories.)	
Monitor: Playgrou Enrichment Resorution of expertise where you to your career, job si	ant Office Assind/Lunchroom/Hall urce Provider - Shares s u would be willing to spea hadowing, hobbies, spor	pecial skills on an as ak or make a demor ts):	s needed basis. estration to a cla	Content Area(s) - Indi	cate your areas
Subject Areas:F	RENCES: _ Pre-K K-3  Reading MathS Foreign Language (speci	ScienceEnglish fy)	Social Stu		Adult
Availability: Monday Tuesday Wednesday Thursday Friday	<u>Morning</u> 	<u>Afternoon</u>	After 4 F	PM (adult tutoring only)   	
A police records check make this contact.	will be conducted. You	ır signature below aı	uthorizes Covin	gton Independent Publi	c Schools to
Attend orienta Abide by all so Honor the con	tment: g with Covington student tion or training sessions chool rules and Board of nmitment to work as scherson in advance.	that may be necess Education policies t	hat apply to me		
Applicant's Signatur	e:			Date:	
	Thank you fo	r your willingness to sh	are your time and	talent.	
FOR OFFICE USE ON	NLY				

(Rev. 11-08)