# DPS Alternative Volunteer Registration Form

Volunteer: This application should be completed by volunteers that do not have either a social security number or a US I-94 VISA number. Please provide as much information as possible and submit this form to the school principal. Make sure you sign and date the application and present the required identification for visual verification. When your application is processed you will be contacted by the school principal.						
School Principal: Please submit the original application to the Human Resources office and retain a copy for school files.						
The entire application must be completed an	nd processed prior to pa	rticipati	on in volunteer	activities.		
Name:						
First	Middle	Ν	Iaiden		Last	
Permanent Address:			Street			
	City		State	State Zip		
Preferred Phone	Preferred Phone			Email		
Parent/Guardian of DPS Student: Yes	No 🗌					
Г				Place of Empl	oyment	
Full Name of Student(s):						
Indicate if your service is affiliated with speci business, university, church or civic group:	ific					
Please specify the school(s) where you are p	lanning to volunteer:			] [		
School 1 School 2 School 3				3		
Information Required for Criminal	l Background Che	ck- m	ust be 18 years	or older to a	pply	
Identification: Please present one govern	ment issued photo ID.	]				
This information should be completed by	school staff for volun	⊐ teer ba	ckground chec	k purposes or	nly.	
Driver's License	Number				State	Expiration date
State ID						
	Number				State	Expiration date
Passport						
Country of Issue	Nu	mber		Issi	ue Date	Expiration date
Completed by: DPS Staff Name Date						
Date of Birth: $M M D D / Y Y Y Y$ Male Female						
Race:						
$\Box$ American Indian or Alaska Native $\Box$ A	frican American $\Box C$	aucasia	n 🗌 Asian			
Native Hawaiian or Other Pacific Islander Latino Multiracial Other						

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Applicant Name:		

#### References: Please provide two references (people unrelated who know you well, such as an employer, pastor or teacher).

Name:	Day Phone:
Relationship:	
Name:	Day Phone:
Relationship:	

#### Please list your previous addresses for the past 10 Years:

	State	County	Address	City	# of years
Address 1					
Address 2					
Address 3					
Address 4					
Address 5					
Address 6					
Address 7					
Address 8					
Address 9					
Address 10					

I affirm that I have not been convicted of any felony. I am not currently under indictment for any felony or misdemeanor offense. I herby give my voluntary consent to a criminal history check. By signing below, I empower Durham Public Schools to be my designated representative for the purpose of obtaining my criminal history record information maintained by law enforcement agencies. I understand that certain information obtained as a result of this criminal history check may preclude my participation in Durham Public Schools. I waive any claim for damages or injury against the Durham Public Schools or the provider of the report, except as mandated by the Fair Credit Reporting Act.

Volunteer's signature:

Date:

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#### **Volunteer Opportunities:**

Please check all activities that interest you and complete application on the reverse side. You must be 18 years or older to register for these activities.

Athletic Associations	Dance chaperone	Overnight Field Trip			
Athletic Concessions	🗌 Day Field Trip	D PTA/PTSA			
Band Booster	☐ Field Days	Resource Speaker			
Beautification/Grounds Days	Foreign Language Tutor	Room parent			
Before and/or Afterschool	General Tutor	Science Fairs			
Book Fairs	Health assistant	Science Tutor			
Business Partner	☐ Job shadowing	Special needs classrooms			
Cafeteria/Lunch assistant	Language Translation	Storytelling			
Career and Technical Education	Literacy Tutor	Student Dropout Prevention			
Classroom assistant	☐ Math Tutor	Student volunteerism and service			
Clerical assistant	☐ Media center assistant	Technology			
Club sponsor	Mentor	Test proctor			
College Application Preparation	□ Nutrition	Other			
Check any languages with which you can provide assistance:					
American Sign Language Arabic Burmese/Myanmarse Chinese Japanese Jarai					
└ Korean └ Spanish └ Vietnamese					

For More Information Contact: Regina Nickson, CommunityEngagementLiaison Durham Public Schools • 511 Cleveland Street, Durham NC 27701 • Ph: 919-560-2082 • Fax: 919-560-2007 email: <u>regina.nickson@dpsnc.net</u>



Thank you for your interest in volunteering in Durham Public Schools. Volunteers are an essential part of our efforts to ensure academic achievement for every student in every school. By tutoring, assisting with activities or otherwise sharing unique talents and time, volunteers make a valuable contribution toward the success and well-being of our students.

Our school staff will be happy to help you get started and consider the many options for participation.