



Marshall Public Schools #413
VOLUNTEER APPLICATION FORM

School Year 2021-2022

Last Name (legal) _____ First _____ MI _____

Print Please

Address _____

City _____ State _____ Zip _____

Phone: _____ Cell Phone Home Phone Work Phone

E-Mail: _____

Signature

Date

Please indicate days and times most convenient for you to volunteer:

- Monday Times: Thursday Times:
Tuesday Times: Friday Times:
Wednesday Times: Weekends Times:
Available for at home projects:
I need notice in advance of: 1 day 2 days 1 week more than a week

Student Information: Name: Grade Teacher
Name: Grade Teacher
Name: Grade Teacher

Relationship to student(s): Parent Grandparent Community Member Other

We will provide reasonable accommodations with advance notice to persons with disabilities upon request.

Accommodations request: _____

Criminal Record History Release Form (background check)-Volunteers: Marshall Public Schools #413 requires volunteers 18 years and older to complete a Disclosure and release of Information Authorization form to protect our volunteers and students. Every volunteer 18 years and older must sign a form each year at each building where they will volunteer. The assignment in a volunteer situation will determine whether a check will be done.

School Use Only
Date Rec'd Approved Not Approved Administrator's Initials
Background Check exp. date:

In case of a medical emergency, please give the name and contact information of a person you would like us to contact.

Name _____ Relationship _____ Phone _____

Please indicate your interests and dislikes.