

Gates Chili School District
Volunteer Enrollment Form

Name _____ Date of Birth: _____ (month/date/year)

Address _____ Zip code _____

Phone (H) _____ (W) _____ (cel) _____

Email _____

Background information:

Education: _____

Employment: _____

Volunteer experience: _____

Special skills: _____

References:

	<i>Name</i>	<i>Organization</i>	<i>Phone number</i>	<i>Relationship</i>
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____

Please state briefly why you would like to volunteer with the Gates Chili School District and what you hope to gain from the experience:

If you are a High School or college student, are you interested in earning hours for:

- Dynamics of Citizenship (DOC)**
- Peer Leadership**
- Internship or other service learning opportunity:** *(please explain, including subject and number of hours needed)* _____

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Availability for volunteering:

Days of the week: **M** **Tu** **W** **Th** **F**

Daytime-specify time(s) from _____ to _____

We cannot guarantee a match to a specific building, but you can indicate your preference below:

If there is an opening, I would prefer to volunteer at:

- | | |
|--|--|
| <input type="checkbox"/> Neil Armstrong School | <input type="checkbox"/> Florence Brasser School |
| <input type="checkbox"/> Walt Disney School | <input type="checkbox"/> Paul Road School |
| <input type="checkbox"/> Middle School | <input type="checkbox"/> High School |
| <input type="checkbox"/> Athletic Department | <input type="checkbox"/> no preference |



*I certify that the above information is correct to the best of my knowledge.
I understand that a criminal background check may be performed on volunteers.
I understand the commitment involved and acknowledge that my services are offered at my own risk.
I understand that I must attend an orientation and any required training session(s) before I can begin volunteering.
I agree to adhere to the Gates Chili School District policies and Code of Conduct, and especially respect the confidentiality of all information that relates to students and families.*

(Signature)

(date)



Return to:

Paula LaManna, School/Community Volunteer Coordinator
Gates Chili School District
2 Spartan Way
Rochester, NY 14624

To be completed by Gates Chili School District staff:

This individual's ID scanned into the Visitor Management System on ___/___/___ by _____.

Application reviewed by _____ on ___/___/___.