Volunteer Request Form

(Legal) Last Name:____________________(Legal) First Name:_________________________MI:______

Street Address:________________________________ City:________________________________

State:________________________________________ Zip Code:__________________________

County of Residence:____________________ Telephone: (H)______________ (C)__________

Circle the Level 1, 2, or 3 activities in which you would like to serve:

**Supervised Tasks: Level 1**
- Resource speaker
- Clerical assistant
- Outdoor projects w/ students
- PHC fundraisers/activities
- Field day helper
- Book fairs
- Other (list):

**Supervised Tasks: Level 2**
- Classroom Tutor
- Lunch buddy
- Reading buddy (in classroom)
- Classroom helper
- Book fairs ($)
- Athletic concessions ($), opt.
- PTA fundraisers/activities ($)

**Unsupervised Tasks: Level 3**
- Mentor
- Small group session (separate setting)
- Reading buddies (separate setting)
- Tutor 1-1 (separate setting)
- Field trip chaperone (overnight)
- Volunteer Coach
- Club Sponsor
- Other (list):

Day(s) available to volunteer: Monday Tuesday Wednesday Thursday Friday

List hours of availability:____________________________________________________________
Please answer the following questions (by writing YES or NO) in the appropriate space. If you answer YES, please explain the reason below or on a separate sheet of paper and attach to this request:

Have you previously been an employee of Hobgood Charter School? If so, when and in what capacity? ________________________________

Have you ever been convicted or pleaded guilty to a violation of law other than minor traffic violations?

Are there any criminal charges or proceedings pending against you?

Explanation to YES answers above: ____________________________________________

For School System Use Only

Level 1: This individual has been approved for level 1 activities.

Principal’s/designee’s Signature________________________ Date_______

Level 2/3: I recommend this individual for Level 2 and/or 3 activities.

Principal’s/Designee’s Signature________________________ Date_______

This individual has been screened for Level 2 and/or 3 activities.

Central Office Signature________________________ Date_______

**Approval must be given before candidates are allowed to volunteer for any task level.**