



Everett Public Schools Volunteer Application

Completion of one application will allow you to volunteer
or work as a community partner in all Everett schools.

School/Office Use Only	
Date to Comm.	_____
School/Dept.	_____
Code	_____ Date Approved _____
Previously screened	<input type="checkbox"/>

(Please use black ink.)

Have you completed a volunteer application for any Everett school in the past three years? Yes No

Legal name _____
First Middle Initial Last

List all previous names (maiden, previous married names, etc.) _____

Your date of birth _____ E-mail _____

Address _____ City _____ State _____ Zip _____

Telephone (day): _____ (evening) _____

Business/Company (if applicable) _____ Title _____

Emergency contact _____ (phone) _____

Please check one:

parent of a student grandparent/relative of a student non-parent/community member

If you have a child attending an Everett school please list:

Child(rens) full name(s) _____ School(s) _____ Grade _____

Please list the location(s) where you will be volunteering, either now or in the future:

child's school (see above) no preference potentially all schools other (listed below)

Please check the areas in which you may be volunteering:

Field Trip Chaperone Presentation Panelist Mentor Matters (partnership w/Big Brothers/Big Sisters)

Classroom Helper Reading Tutor Math Tutor Culminating Exhibition Mentor

Other (please list): _____

(OPTIONAL) Please indicate the days and hours you are available to volunteer:

Monday hours _____ Wednesday hours _____ Friday hours _____

Tuesday hours _____ Thursday hours _____

I understand that a State Criminal History Background Clearance is required and that my service as a volunteer and/or community partner depends on approval. I release the Everett School District from any liability as a result of receiving any information.

Signature _____ Date _____

(Additional information requested on back of this form.)

Revised August 2004