Volunteers and Partners for Education

Lincoln Center • Merritt Mill Road • Chapel Hill, NC 27516
967-8211, ext. 281 volunteer@chccs.k12.nc.us

RETURNING VOLUNTEER REGISTRATION FORM

office use only

Today's Date: ____/____/____

What program did you volunteer with last year? **Did you attend training?** **School & Teacher Assignment:**

SRP ☐ **Coach Write** ☐ **ESL** ☐ **Other** ☐ **Yes** ☐ **No** ☐ _____ school _____ teacher

Would you like to be placed with the teacher/ school to whom you were previously assigned to? Yes ☐ No ☐

Full name _____ last _____ first _____ name you prefer to be called

Local Phone _____ **e-mail** _____

Local Address _____ **Apt. #** _____ **City** _____ **State** _____ **Zip** _____

Permanent address*: _____ City _____ State _____ Zip _____

Birthdate: ___/__/____ ☐ **Male** ☐ **Female** **Race:** ☐ White ☐ Asian ☐ Hispanic ☐ African American ☐ Native American ☐ Other

If employed, please provide the following information*:

Employer _____ Occupation _____

Work phone _____ Length of time with employer _____

Who should we contact in case of an emergency?

Name _____ *Phone* _____

I speak (Foreign Language) _____ ☐ adequately ☐ fluently ☐ am able to translate written text

Are you a: (check all that apply)

☐ Returning Volunteer ☐ a.p.p.l.e.s. student ☐ Community Member ☐ NC Teaching Fellow
☐ College Student ☐ Parent of a CHCCS student ☐ CHCCS Employee ☐ Member of UNC Campus Y
☐ Graduate Student ☐ Senior Citizen ☐ Business Partner ☐ Member of RSVP

How much time do you want to volunteer?

Times a week: ☐ one ☐ two ☐ three

Hours each time I volunteer: ☐ one ☐ two ☐ three

School Preference (opt.): _____

Use the table below to indicate the days and times (e.g., 11:50-12:30) you are available to volunteer

	Monday	Tuesday	Wednesday	Thursday	Friday
Morning					
Afternoon					

Have you ever:

Yes No

☐ ☐ been convicted of a crime involving drugs, sex or physical violence?
☐ ☐ have had charges of child abuse, neglect or domestic violence substantiated by Social Services?
☐ ☐ had a history of child molesting?
☐ ☐ currently use illegal drugs or abuse alcohol?
☐ ☐ had your driver's license revoked or suspended? If yes, why? _____

Selected Policies of the Chapel Hill-Carrboro City Schools

- The Chapel Hill-Carrboro City Schools are smoke-, alcohol-, and drug-free zones.
- No one other than school staff may take a student off campus without written permission of the parents and the school principal.
- Unless otherwise authorized, all volunteers must remain within sight of a school staff member.
- No one other than approved school staff may administer medicines.
- Students, staff and volunteers should refer any injury or accident to the classroom teacher who will follow the proper procedures.
- Information received as the result of an individual's activities in the school is to be kept strictly confidential.

Please sign the following pledge:

I agree to abide by the policies, procedures, and regulations of the Chapel Hill-Carrboro City Schools. I certify that all information given above is true and accurate. If any of the information indicated above changes, I agree to notify the CHCCS Volunteer Office.

Signed: _____ Date : _____