

VOLUNTEER REGISTRATION FORM
Ashland-Volunteers In the Public Schools

Name _____

Student Name _____

Local Address _____ E-mail _____

City _____ State _____ Zip _____

Local Phone (541)- _____ Home or Cell Phone _____

Student Name _____ Homeroom Teacher _____

School/Site of Interest - Please check locations where you wish to volunteer:

- | | | |
|--|--|--|
| <input type="checkbox"/> Bellview Elementary | <input type="checkbox"/> Walker Elementary | <input type="checkbox"/> Willow Wind Home School |
| <input type="checkbox"/> Helman Elementary | <input type="checkbox"/> High School | <input type="checkbox"/> District Office |
| <input type="checkbox"/> John Muir School | <input type="checkbox"/> Middle School | <input type="checkbox"/> ASPIRE |

Subject - Please check subjects where you could help:

- | | | |
|--|--|---|
| <input type="checkbox"/> Art | <input type="checkbox"/> Garden/Yard | <input type="checkbox"/> Organize trips/parties/functions |
| <input type="checkbox"/> Chaperone | <input type="checkbox"/> Guest Speaker _____ | <input type="checkbox"/> P E |
| <input type="checkbox"/> Coach _____ (Sport) | <input type="checkbox"/> Home Ec/sew/cook | <input type="checkbox"/> Reading |
| <input type="checkbox"/> Computer/Technology | <input type="checkbox"/> Journalism | <input type="checkbox"/> Science/Biology |
| <input type="checkbox"/> Drama | <input type="checkbox"/> Library | <input type="checkbox"/> Social Studies/History |
| <input type="checkbox"/> English | <input type="checkbox"/> Mathematics | <input type="checkbox"/> Special Projects |
| <input type="checkbox"/> ESL | <input type="checkbox"/> Mentor | <input type="checkbox"/> Welding/Metals/Drafting |
| <input type="checkbox"/> Foreign Language | <input type="checkbox"/> Music | <input type="checkbox"/> Other _____ |

OFFICE

- | | | |
|--|--|---------------------------------------|
| <input type="checkbox"/> Answer Phones | <input type="checkbox"/> Gardening/Yard Work | <input type="checkbox"/> Phoning |
| <input type="checkbox"/> Database Management | <input type="checkbox"/> Interpret _____ | <input type="checkbox"/> Typing |
| <input type="checkbox"/> Desktop Publishing | <input type="checkbox"/> Mac Computer | <input type="checkbox"/> Spreadsheets |
| <input type="checkbox"/> Filing | <input type="checkbox"/> PC Computer | <input type="checkbox"/> Other _____ |

Specific Volunteer Listing _____

The *Smart Reading Program* is available for volunteers in Ashland Schools – phone 734-5628 for information.
The *ASPIRE* Program is available for volunteers in Ashland Schools – phone 482-8771 for information.
Availability /Comments: _____

Please list two local references with phone numbers.

- | | |
|----------|--------------|
| 1. _____ | Phone: _____ |
| 2. _____ | Phone: _____ |

I understand and agree to the following:

- **Keep all issues pertaining to students, staff and parents confidential.**
- **Discuss student's progress/difficulties in private and only with the assigned teacher or administrator.**
- **Staff members handle students who misbehave.**
- **Support the teacher/administrator while with students and parents.**
- **Never be alone with student(s).**
- **I have read and understand the A-VIPS volunteer form**

Signature _____

Date _____

Please complete the Background Check Release Form

NOTICE OF BACKGROUND CHECK
IMPORTANT
PLEASE READ CAREFULLY BEFORE SIGNING BELOW

Note: Conducting a Social Security Trace does not access the subject's credit history nor affects the subject's credit score or credit rating. Please note that by signing below you are authorizing and instructing an immediate criminal background check from a third party (utilizing a Social Security Number trace) as deemed necessary and appropriate. Moreover, you are allowing reports from a third party on an ongoing basis as long as you continue to volunteer.

AUTHORIZATION AND INSTRUCTION

I acknowledge receipt of the NOTICE OF BACKGROUND CHECK and certify that I have read and understand that notice. I hereby authorize and instruct Jackson County School District #5 to obtain criminal background and/or driving record reports from a third party (utilizing a Social Security Number trace) as deemed necessary and appropriate. This authorization and instruction will take immediate effect when I sign below, and will last throughout the duration of my involvement with your organization without any further notice or additional warning. To this end, I hereby authorize without reservation any law enforcement agency, administrator, local, state or federal agency, information service bureau and/or the Social Security Administration to furnish any and all background information (including criminal history and/or driving records and not credit history) requested by Backgroundchecks.com, another outside organization acting on your behalf. I agree that a facsimile ("fax") or photographic copy of this Authorization and instruction shall be as valid as the original.

Include a legible photocopy of your driver's license attached to this document.

Printed Name _____

Signature _____

Date _____

Social Security Number _____

Driver's License # and State _____

Date of Birth _____

A-VIPS

Ashland-Volunteers In Public School

How to become an A-VIPS

Volunteer Qualifications

- Enjoy students and education.
- Desire to help students grow.
- Understand the goals of the school.
- Get along with people.
- Be adaptable, dependable and flexible.

How to become a volunteer

1. Obtain a Volunteer Registration Form from the School or the District Office. Complete it and return.
2. Pass the background check.

Goals of A-VIPS

- Provide partnerships between the community and the school.
- Improve education through additional resources.
- Enhance the educational development of students and volunteers.

A-VIPS RESPONSIBILITIES

Confidentiality-Ethics

- I understand and agree to the following:
- Keep all issues pertaining to students, staff and parents confidential.
- Discuss student's progress/difficulties in private and only with the assigned teacher or administrator.
- Allow staff members to handle discipline.
- Support the teacher/administrator with students and parents.
- Never be alone with student(s).

Commitment:

- Mark your calendar with the agreed upon days and times.
- Be prompt and dependable: Call ahead if you are ill or unable to keep your appointed time.

Contact Name _____
 Phone _____

When volunteering:

- Dress appropriately for the activity.
- Sign In/Out in the Main Office at School:
- To Insure Workers Compensation and Liability Insurance coverage, complete the in/out sheet each day that you volunteer. Record the time, hours and staff member you work with. This assists the school to know who is on campus and where in case of any emergency
- Wear school identification badge.
- Follow staff during fire drill/emergency.

Partnership responsibilities for Volunteers and Schools:

- Respect
- Feedback
- Provide/attend appropriate training

Site Packet information:

- School Schedule/Calendar (include bell schedule if needed)
- Map of school: Include staff restrooms, supply/production room, area for breaks/lunch, and parking
- Web site address of school for the following:
 Handbook
 Newsletters
 Class schedules
- Check for more information at www.ashland.k12.or.us

Non-Discrimination:

Staff and volunteers will serve students in a professional and ethical manner giving fair and impartial treatment to all students, not discriminate against students based on special needs, national origin, race, religion, sex, or socio-economic status.

Child abuse:

Report any suspicions of child abuse to the staff member you are working with.