

SCHOOL DISTRICT OF THE CITY OF SAGINAW
Volunteer Data Card

F 1046

Name _____ Address _____
Phone # _____ Date of Birth _____ SS# _____
Please indicate the kind of volunteer work you prefer: _____
What day(s) and time(s) do you wish to volunteer? (circle choices) M T W Th F Time _____ M T W Th F Time _____
Have you been convicted of a felony? Yes _____ No _____ If yes, for what offense? _____
Is there a felony conviction pending? Yes _____ No _____
In which school do you wish to volunteer? First Choice _____ Second Choice _____
List any special interest areas, skills, or hobbies you may have which might be useful in doing the volunteer work you prefer: _____

List any previous experience you have had working with children (parents, camp, church, scouts, etc.) _____
Do you have your own transportation? Yes _____ No _____ If no, how do you plan to get to your assigned school? _____
Do you have a valid Michigan Driver's License? Yes _____ No _____ If yes, license #: _____
In case of emergency, notify: _____

Signature _____
----- Office Use Only -----
Received application on _____ School _____ Interviewed by/date _____
If accepted: Volunteer to begin volunteering on _____
Orientation scheduled for _____ at _____ Last recorded TB(X-Ray) _____
Training needed? Yes _____ No _____ Type of Training _____
If rejected, reason: _____

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