

VOLUNTEER PARTICIPATION REQUEST FORM

NAME: _____
 (Print) Last First MI

ADDRESS: _____ CITY _____ ZIP CODE _____

TELEPHONE: _____
 Home Other Fax

Please indicate your status: Parent / Guardian of an IPS Child College Student
 Corporate Volunteer * Community Volunteer
 Other (Specify) _____

* EMPLOYER OR ORGANIZATION PRESENTED: _____

ADDRESS : _____
 Street and Number City State Zip Code

TELEPHONE: _____
 Home Other Fax

Please indicate volunteer preference: Academic Tutor Classroom Reading Aide
 Reading Aide Office Aide Outdoor Education
 Room Parent PTA / PTO General School
 Volunteer Coach Club Sponsor Chaperone
 Student Teacher Intern
 Other _____

Read Carefully Before Signing:
 I certify that the information contained in this application as submitted is true, complete, and accurate to the best of my knowledge. I understand that falsification of information will be cause for disqualification. I also understand that I may be required to submit to a criminal history background check as a condition for consideration for volunteer services.

Applicant Signature _____ Date _____

VOLUNTEER CONSENT AND RELEASE STATEMENT

If accepted as a volunteer, I hereby consent, understand and agree to abide by the policies, rules and regulations of the Board of School Commissioners of the City of Indianapolis, and to comply with and abide by such other rules, regulations, and directions of the Principal, Administrator, or other responsible IPS employee. I understand that the Indianapolis Public Schools is not responsible for any injury to my property of my person while I am acting as a Volunteer. Furthermore, I hereby waive, release, covenant not to sue, and otherwise hold IPS, its officers and employees harmless from and against any and all claims or liabilities of any nature whatsoever that might arise as a result of my work as a Volunteer for the Indianapolis Public Schools.

Applicant Signature _____ Date _____

INTERNAL USE ONLY:

Approved to Volunteer : YES NO Criminal History Required : YES NO

Principal's Signature : _____ Date _____

preference:

Please indicate any previous IPS volunteer service :

Please indicate any other volunteer service :

NOTIFY IN CASE OF EMERGENCY		
Name	Address	Phone Number
Physician	Hospital	Phone Number