

**CARROLL HIGH SCHOOL - VOLUNTEER DATA FORM**

4524 Linden Avenue, Dayton, OH 45432

Volunteer Dept: Phone: 937-253-3338

Email: VolunteerDept@carrollhs.org

**Volunteer Capacity:**

☐ Current Parent  
☐ Staff  
☐ Student

☐ Alumni  
☐ Friend of CHS

☐ Past Parent  
☐ Booster

**Volunteer Name**

☐ Mr.

☐ Mrs.

☐ Miss

☐ Ms.

Nickname

Last \_\_\_\_\_ First \_\_\_\_\_ MI: \_\_\_\_\_  
Date of Birth (Month/Day) \_\_\_\_\_

**Student Name**

Last \_\_\_\_\_ First \_\_\_\_\_ MI: \_\_\_\_\_

Grad Year: \_\_\_\_\_

**Student Name**

Last \_\_\_\_\_ First \_\_\_\_\_ MI: \_\_\_\_\_

Grad Year: \_\_\_\_\_

**Student Name**

Last \_\_\_\_\_ First \_\_\_\_\_ MI: \_\_\_\_\_

Grad Year: \_\_\_\_\_

**If you have more than 3 children, please provide information on reverse of this page.**

**Address** No. & Street \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_  
Email Address \_\_\_\_\_ Work Phone \_\_\_\_\_

**Past Volunteer Experience**

**Details** \_\_\_\_\_  
\_\_\_\_\_

**Vounteer areas you are currently involved in at CHS**

\_\_\_\_\_  
\_\_\_\_\_

**Skills** (EX. Proficient in Microsoft applications, have CDL license, housekeeping, maintenance, etc.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Areas of Interest to volunteer: ex: football, concession stand, etc.**

<input type="checkbox"/>	Office	<input type="checkbox"/>	Fundraising	<input type="checkbox"/>	General Maintenance	<input type="checkbox"/>	Bus driver (CDL)	<input type="checkbox"/>	Booster Board	<input type="checkbox"/>	Sport - identify	_____
<input type="checkbox"/>	Bookkeeping	<input type="checkbox"/>	Sales	<input type="checkbox"/>	Grounds	<input type="checkbox"/>	Cafeteria	<input type="checkbox"/>	Customer Service	<input type="checkbox"/>	Club - identify	_____
<input type="checkbox"/>	Errands / deliveries	<input type="checkbox"/>	Events	<input type="checkbox"/>	Building	<input type="checkbox"/>	Rewards Program	<input type="checkbox"/>	Concessions	<input type="checkbox"/>	Other-identify	_____

Provide details: \_\_\_\_\_

**PLEASE INDICATE TIMES YOU ARE AVAILABLE TO VOLUNTEER**

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Morning							
Afternoon							
Evening							

**Emergency Information**

Person to Notify \_\_\_\_\_ Relationship \_\_\_\_\_  
 Home Phone \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

**Accepted Criteria for Volunteering**

Have you ever been convicted of any offense (other than a minor traffic violation)? If yes, please explain.

☐ No ☐ Yes \_\_\_\_\_

Conviction of some offenses result in ineligibility to volunteer in the school environment per Archdiocese of Cincinnati.  
 All volunteers are subject to fingerprinting and background checks. Other training may be required.

I will uphold Carroll High School's rules of conduct, policies and procedures.

I understand that for health and safety reasons, volunteers are prohibited from smoking on Carroll High School premises.

**Signature** \_\_\_\_\_

**Date** \_\_\_\_\_