

## SHENENDEHOWA VOLUNTEER INTEREST SURVEY

Thank you for your interest in joining the *Friends of Shen* volunteer network.

We value our volunteers and the role they play in improving our schools.

Please complete the following questionnaire so we may place you in the most mutually suitable location.

*We have a responsibility to parents and students to know those who work in our schools; we therefore reserve the right to conduct background checks and fingerprinting of any volunteer. Information you provide in this survey is considered confidential.*

NAME \_\_\_\_\_

STREET ADDRESS \_\_\_\_\_

CITY, STATE, ZIP \_\_\_\_\_

HOME TELEPHONE NUMBER \_\_\_\_\_ CELL NUMBER \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_

Do you have a valid driver's license? ☐ Yes ☐ No Number \_\_\_\_\_ State \_\_\_\_\_

Please check your preferred hours/days below:

MONDAY		TUESDAY		WEDNESDAY		THURSDAY		FRIDAY	
AM	PM	AM	PM	AM	PM	AM	PM	AM	PM

Months you would like to volunteer, including the months of July and August of Summer School \_\_\_\_\_

Building(s) or grade levels preferred \_\_\_\_\_

Indicate with an X your category(s) of interest as a volunteer:

\_\_\_\_ Classroom Volunteer      \_\_\_\_ Mentor      \_\_\_\_ Library      \_\_\_\_ Art  
\_\_\_\_ Tutor (Subject)      \_\_\_\_ Special Ed      \_\_\_\_ Science      \_\_\_\_ Enrichment Activities  
\_\_\_\_ Chaperone      \_\_\_\_ Playground      \_\_\_\_ Lunch Room  
\_\_\_\_ Office Support      \_\_\_\_ Special Events      \_\_\_\_ Clerical (list skills) \_\_\_\_\_  
\_\_\_\_ Other (explain) \_\_\_\_\_

Program/Short Term Project \_\_\_\_\_

Other \_\_\_\_\_

☐ Multilingual Languages (Please list) \_\_\_\_\_

☐ American Sign Language

☐ First Aide Certification

☐ CPR Certification

## HEALTH INFORMATION

Who should we contact in case of emergency? \_\_\_\_\_

Telephone \_\_\_\_\_ Relationship \_\_\_\_\_

Do you have any special medical/physical limitations that will significantly impact your volunteer service? \_\_\_\_\_(Y/N)

If yes, please describe \_\_\_\_\_

Are you taking any medications which we should be aware of in the event of an emergency? \_\_\_\_\_(Y/N)

Please list \_\_\_\_\_

Do you currently have any contagious or infectious diseases? \_\_\_\_\_

*(If yes, you must provide a doctor's statement verifying that you can work with the public.)*

Have you been exposed to TB? \_\_\_\_\_ If yes, explain \_\_\_\_\_

I hereby authorize any employee, law enforcement agency, administrator, state agency, institution or private information bureau to provide the Shenendehowa Central School District or any person or agency so authorized, any and all information they might have, personal or otherwise, with regard to any subject which may bear upon my fitness for the position.

This authorization shall be valid as long as the application remains active in the Shenendehowa Central School District, or if I should become a volunteer for the Shenendehowa Central School District, for the duration of my position.

I agree that neither Shenendehowa Central Schools nor any such parties listed herein shall be held liable in any respect if any position offered is not tendered, is withdrawn or my position is terminated due to falsity of the statements and answers in this survey form, made or given pursuant to this application. Denial of information requested above may prevent consideration of this application.

I have read the Shenendehowa Central Schools volunteer policy (and any other applicable information) and agree to follow all Shenendehowa Central Schools policies, procedures and protocols with regard to student safety, confidentiality, discipline, and school rules.

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Signature \_\_\_\_\_ Date \_\_\_\_\_

Print Name \_\_\_\_\_

Please return completed form to: Rebecca Carman, Superintendent's Office  
District Office  
5 Chelsea Place  
Clifton Park, NY 12065