# BPES Volunteer Application

## Parent Community Networking Center

Name: _____ Date: _____

Address: _____

Contact Number: _____

Email Address: _____

Youngest/Only Child's Name: _____ Room # _____

**EMERGENCY INFORMATION**
In the event of an accident, illness or any other emergency, please contact:

Name: _____

Relationship: _____ Phone # _____

Do you have any health conditions that require special considerations or do you require medication in the event of an emergency? Yes ____ No ____

If "Yes" Please explain: _____

1. **Programs:** Below is a list of volunteer programs that are offered at Barbers Point Elementary. Please check which program you may be interested in:

   ____ Assist with Recess ____ Assist with Car/Bus Pick Up/Drop off

   ____ Lunch Room Supervisor ____ Recess Supervisor

   ____ Chaperone Field Trips ____ Help with school functions (i.e. bookfair)

2. **Availability:** Circle the days of the week you are available to volunteer?

   Mon Tues Wed Thur Fri

   What hours are you available to volunteer? _____

3. **Donations:** _____ Check here if you are unable to be a school volunteer but may be able to provide donations.

4. Do you have any special talents, hobbies, or interests that might come in handy as a volunteer? (i.e. Crafting, Woodworking, Singing, Musical Instruments, Computers, Sports, Animals, etc...)

5. Do you have any prior experience as a school volunteer? If yes, where and how long?

The State of Hawaii requires that all employees and or volunteers currently working or volunteering at any public or private facility have on file a current TB Clearance. Please provide a TB Clearance to the SASA at the front office before entering volunteer service.

By signing this document I have read, agreed to, and signed the Hawai`i Department of Education Volunteer Form and State of Hawai`i Department of Education's Code of Conduct.

Print Name: _____

Signature: _____ Date: _____

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Official Use Only

TB Clearance: Yes _____ No _____ ID: Yes _____ No _____

Assigned Program: _____ Scheduled Time: _____

Date Received: _____ Received by: _____

Met with Admin: Yes _____ No _____ Date: _____

Admin Approved: Yes _____ No _____ Admin Signature: _____