



Crossroads Charter Schools

VOLUNTEER APPLICATION

“NEVER DOUBT THAT A SMALL GROUP OF THOUGHTFUL COMMITTED CITIZENS CAN CHANGE THE WORLD. INDEED IT IS THE ONLY THING THAT EVER HAS.” - MARGARET MEAD

Thank you for your interest in volunteering at Crossroads Charter Schools! Please complete this application and return to Adrienne McGee, our Volunteer Coordinator to ensure prompt processing and placement. Applicants age 18 and over must also complete a background check and an interview with our Volunteer Coordinator. We look forward to working with you!

Campus applying for: Central Street Quality Hill High School

APPLICANT INFORMATION:

Name (First, MI, Last) Date of Birth (mm/dd/yyyy)

Address (Street, City, State, ZIP Code)

Home Phone Cell Phone

Email Address

Emergency Contact Name	Phone	Relation
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Parent/Guardian/Family Member of a Crossroads Charter School Student? Y N

If yes, name of student(s): _____

Are you currently employed? Y N

If yes, please provide the following information:

Employer	Position	Dates of Employment
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INTERESTS AND AVAILABILITY:

What opportunities are you interested in? (check all that apply)

- Mentor
- Administrative or Classroom Help
- Tutor
- Recess Helper
- Special Events
- Library Helper
- Read Aloud
- Field Trip Chaperon
- Area of Most Need
- Other (please specify): _____

What grade levels would you like to work with? (check all that apply)

- K - 1st
- 2nd - 3rd
- 4th - 5th
- 6th - 8th
- 9th - 10th

What type of time commitment would you like to make? (check all that apply)

- Continual (weekly, year-round)
- Short-Term (special projects, specified time)

What days and times are you available to volunteer?

What special skills, training or interests do you have that you could use while serving at the school?

How did you learn about Crossroads Charter Schools?

In order to be a volunteer at Crossroads Charter Schools, you must have a Criminal and Child Abuse / Neglect background screening.

SSN: _____ - _____ - _____

MO residents, are you registered on the MO Family Care Safety Registry? Y N

If yes, we will run a screening of your registry using your SSN.

If no, you will need to register on the MO Family Care Safety Registry online. Our Volunteer Coordinator will contact you with further instruction.

KS residents, you must fill out KS Form CFS 1011 for the screening.

To be considered for acceptance as a Volunteer at Crossroads Charter Schools (CCS), I understand that I must complete all components of the volunteer application process, including a Volunteer Application and background check. I authorize CCS to investigate all statements in my Volunteer Application and to verify any necessary information from my references and appropriate governmental agencies, including, but not limited to, driver's license, criminal background and child abuse/neglect records and sex offender registry, and I hereby consent to such verification and disclosure of information to CCS. All information obtained by CCS during the volunteer application process will be kept confidential. I declare that all of the statements contained in my Volunteer Application are true, correct and complete to the best of my knowledge. I understand that any omissions or misstatements made by me on the Volunteer Application or during the application process may be cause for my application to be denied or volunteer placement to be terminated. I hereby release CCS from any and all liability arising from its giving or receiving information about my suitability as a CCS volunteer.

Waiver and Release. I, hereby, release and forever discharge and hold harmless CCS, and each of its directors, officers, employees, agents, successors and assigns, from any and all liability, claims and demands of whatever kind or nature, either in law or equity, which arise or may hereafter arise from the volunteer services I provide CCS. I understand that CCS does not assume any responsibility for or obligation to provide me with financial or other benefits or assistance, including medical, health or disability insurance coverage, in the event of my injury, illness, death or damage to my property arising out of my services to CCS. I understand that I am responsible for securing my own insurance coverage prior to volunteering with CCS.

Signature of Applicant

Date

Signature of Parent/Guardian (If applicant is under 18)

Date