

DETROIT PUBLIC SCHOOLS COMMUNITY DISTRICT

OFFICE OF PARENT & COMMUNITY ENGAGEMENT

DC Prep @ Northwestern Professional Development Bldg.
2200 W. Grand Boulevard Detroit, Michigan 48208
313-873-7490 office 313-873-7446 fax
Email address: parent.engagement@detroitk12.org

VOLUNTEER APPLICATION 2016-2017

Name of School: _____

Name: _____

Last

First

Middle

Current Address: _____ How Long? _____

Previous address? _____ How Long? _____

Phone: Home: (____) _____ Other: (____) _____

Email address: (optional) _____

Sex: M F Occupation: _____ Employer: _____

In case of emergency notify: Name: _____

Relationship: _____ Phone: _____

Circle highest level of school completed:

Diploma: Y or N GED: Y or N College: Some College Y or N Advance Degrees: 1 2 3 4 Other: _____

Please identify how you learned about volunteer opportunities with Detroit Public Schools Community District (DPSCD):

Media Employer Self-inquiry Friend/Family School Alumni DPSCD Website Social Media Other

List previous volunteer experience: _____

Was it with DPSCD? Yes No If yes, where? _____

All applicants must complete this section and have a valid ID:

Driver's License or State ID #: _____ Date of Birth: Month ____ Day ____ Year ____

Have you ever been convicted of a felony? Yes No If yes, on a separate sheet of paper or back page, please provide the nature and any explanation or reason why this felony should not bar you from volunteering.

Have you ever been convicted of child neglect or abuse? Yes No If yes, on a separate sheet of paper or back page, please provide the nature and any explanation or reason why this conviction of child neglect or abuse should not bar you from volunteering.

Other than the above, are there any facts or circumstances involving you or your background that will call into question you being entrusted with the supervision, guidance and care of young people? Yes No If yes, please explain: _____

Have you ever lived in another state other than Michigan? Yes No If yes, where? _____

Please be advised: All applicants are subject to a criminal background check.

Indicate area(s) of volunteer interest you and your principal have agreed on: _____

Volunteer's Signature: _____ Date: _____

Circle days and times you are available. M T W TH F Morning Afternoon Evening

Principal or Administrator/designee's statement of agreement: I have met with this individual and we have a mutual understanding of the volunteer activity needed and would like them to volunteer with this school/department.

Signature: _____ Date: _____