



VOLUNTEER PROGRAM APPLICATION

PLEASE USE INK TO COMPLETE

***COMPLETE THIS SIDE IF: you are interested in one or more of the SSV Programs listed below.**

Program(s) of interest: Read Aloud Mentoring Early Literacy Academic Support

School(s) of interest: _____

Name: _____ **DOB:** ____/____/____
(TITLE) (LAST NAME) (FIRST NAME) (M.I.) M F MM DD YYYY

Address: _____ **City:** _____ **State:** _____ **Zip:** _____

Email: _____ (____) _____ - _____ / (____) _____ - _____
Preferred e-mail Primary phone number Secondary phone number

Primary Language _____ **Secondary Language** _____

Affiliation: _____ (____) _____ - _____ ext. _____
Employer, College, or Organization's Name Work Phone

Address: _____ **City:** _____ **State:** _____ **Zip:** _____

Category: College Student: Traditional Grad Work Study Retiree Parent of SPS Student

Highest Level of Education Completed: H.S AA/AS BA/BS Masters Doctoral Other: _____

Optional - How do you classify your race and/or ethnicity?

African American Asian Hispanic and/or Latino Multiracial White Other: _____

Programs	Preferred Grade(s)	Available Days	Availability AM	Availability PM
Read Aloud	(PreK/K) (1) (2) (3) (4) (5)	(M) (T) (W) (Th) (F)		
Mentoring	(4 - 5) (6 - 8) (9 -12)	(M) (T) (W) (Th) (F)		
Early Literacy	(K)	(M) (T) (W) (Th) (F)		
Academic Support:	(K - 5) (6 - 8) (9 - 12)	(M) (T) (W) (Th) (F)		
Reading <input type="checkbox"/>	Biology <input type="checkbox"/>	Physics <input type="checkbox"/>	Chemistry <input type="checkbox"/>	Trigonometry <input type="checkbox"/>
Math <input type="checkbox"/>	Algebra I <input type="checkbox"/>	Algebra II <input type="checkbox"/>	Geometry <input type="checkbox"/>	Calculus <input type="checkbox"/>
Other Subjects/ Interests or Skills: ➡				

Do you have Transportation? Yes ___ No ___ **Required # of volunteer hours per week (if applicable)** _____

Reference: _____ **Relationship** _____

Email: _____ **Phone** (____) _____ - _____

Your signature below indicates that you have read and agree with the following:

- I certify and attest that the above-mentioned information is true and complete to the best of my knowledge.
- I understand that if I am placed, any volunteer work will take place only at the assigned location.
- As required by the Commonwealth of Massachusetts, I have completed the two-sided CORI form and provided a copy of a valid passport, driver's license or government-issued photo ID.

Signature: _____ **Date:** _____

Please return the Volunteer Application, CORI form and proof of identity to the address above or scan and email to volunteer@springfieldpublicschools.com. Faxed paperwork cannot be accepted.



VOLUNTEER APPLICATION

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***COMPLETE THIS SIDE IF: you are interested in general SPS volunteer opportunities (i.e. PTO, Field Trip Chaperone, Classroom/ Library Support, Volunteer Coaching, etc.)**

Name: _____ **DOB:** ____/____/____
(TITLE) (FIRST NAME) (LAST NAME) (M.I.) M F MM DD YYYY

Address: _____

City: _____ **State:** _____ **Zip:** _____

Email: _____ **Primary Language** _____
Please print

Phone: (____) _____ - _____ ext. _____ **Secondary Language** _____

At which school will you be volunteering? _____

What will you be doing at the school? _____

*Teacher's Name _____ Grade _____ Classroom# _____

How would you like to be notified about your CORI status? Phone E-mail

If you would like us to notify someone else, provide email _____

Signature: _____ **Date:** _____

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