



# Volunteer Interest Form

Parents and Family Members! Interested in Volunteering at Riverview? If you would like to enjoy a Field Trip, assist in the classroom, or volunteer on school property with your child(ren), you must be on the **'approved' volunteer list** in order to participate. The approved list can be found on the school website (supportingRCS/volunteering/approved list). The following three (3) things are needed: **1.** This Volunteer Interest Form completed and signed. **2.** State (SLED) background check (\$8), and a Sex Offender Registry check on file, both dated within the last 2 years. The school conducts these background checks, if you would like to donate the \$8 for the SLED check, we are appreciative. **3.** Watch the 10 minute *Volunteer Orientation* video at the school (times will be scheduled at the beginning of the year, more details to come). Once you have been cleared of the items above, you are free to volunteer during the current school year. Start by completing this form, the process is quick & easy!

Name \_\_\_\_\_ Home Phone \_\_\_\_\_

Address \_\_\_\_\_ Work Phone \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Cell Phone \_\_\_\_\_

Email: \_\_\_\_\_

What is your preferred method of contact? (circle one)    **Email**            **Phone Call**

Which describes you: (circle one)    **Riverview Parent**    **Family Member**    **Community Supporter**

If you are a parent or family member, please complete the following information about the Riverview student(s) in your family.

<i>Student Name</i>	<i>Grade</i>
<i>Student Name</i>	<i>Grade</i>
<i>Student Name</i>	<i>Grade</i>
<i>Student Name</i>	<i>Grade</i>

If you are a Riverview Parent (or Family Member) and believe your child's grandparents (or other family members) would like to receive information about student events from us on a quarterly basis, please provide us with their contact information in the space provided below, including email if available:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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If you are willing to be a regular volunteer (every week at the same time), please indicate the day(s) and time(s) you are available.

MONDAY		TUES		WEDS		THURS		FRIDAY	
AM	PM	AM	PM	AM	PM	AM	PM	AM	PM

Are you certified in CPR for Adults and Children? (circle one)      **YES**      **NO**

I wish to serve on a Board Standing Committee (specify Building, Accountability, Community Outreach, Finance, Fund Development, Human Capital, Board Development, Capital Campaign) \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

The following information will assist us in matching your expertise, interest, and skills with staff requests for volunteers.

- Tutoring students
- Classroom Volunteer
- After school enrichment programs (Tidewatch)
- Tutoring students after school
- Homework Help after school
- Office work (large copy projects, mailings, marquee)
- Copy center
- Sports Teams
- Field Day
- Playground (leading students during games at recess)
- Cafeteria (In the Kitchen and/or assisting students in the Cafeteria)
- Fundraising Events
- Maintenance/Carpentry
- Gardening
- Other \_\_\_\_\_

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A criminal history background check (limited to crimes against persons) is required for all volunteers who have unsupervised access to children and/or vulnerable adults. The following information will be used to conduct the search. Please enter your legal name and birth date. All information is **CONFIDENTIAL**.

<i>Legal First Name (print)</i>	<i>Legal Middle Name (print)</i>	<i>Legal Last Name (print)</i>
<i>Social Security Number</i>		<i>Date of Birth (mm/dd/yyyy)</i>
____ - ____ - ____ - ____ - ____ - ____		

*\*Background checks are required to be updated for parents whose SLED is 2 calendar years old. SLED checks cost \$8. If you would like to pay for your own, please notify the Operations Manager, Mandy Klepper.*

Please list 3 personal or professional non-family references who can comment on your character and abilities with contact information below.

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

I have read Riverview's Volunteer Policies and agree to comply with them. I certify that the information on this form is true and accurate and grant authorization to Riverview to verify this information and to use this information to conduct the required background checks per the Volunteer Policy. Finally, I understand my right to freedom from discrimination on the basis of race, gender, age or disability.

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

OFFICE USE:

SLED \_\_\_\_ SOR \_\_\_\_ VO \_\_\_\_ CONF \_\_\_\_ Approved List \_\_\_\_