

Arlington Independent School District
VOLUNTEER APPLICATION

• **PRINT** (legibly) or type all of the following information. • Please only complete **ONE** application per person.

List all of your school-age children and all of the schools where you will be volunteering:

Student's Name _____ Grade _____ School _____

Student's Name _____ Grade _____ School _____

Student's Name _____ Grade _____ School _____

Which teacher, sponsor or booster club will you be working with? _____

**All information on the front and back of the application must be provided.
Incomplete applications will be destroyed.**

Volunteers will be placed on the "Approved" list when a clear criminal history has been received from the Texas Department of Public Safety. This process may take up to eight weeks.

VOLUNTEER'S NAME: _____
Last *First*

MAILING ADDRESS: _____
Street

City/State *Zip Code*

HOME TELEPHONE NUMBER: _____

Are You An Arlington ISD Employee Or Substitute? Yes No

Arlington ISD Location: _____

Work Telephone Number: _____

If not employed by Arlington ISD, Employer: _____

PERSONAL REFERENCE:

Name *Telephone Number*

Address *City/State* *Zip Code*

CODE OF ETHICS FOR VOLUNTEERS

- I realize that being a volunteer for Arlington ISD can help a student to attain his/her maximum educational potential as well as help and encourage all aspects of student growth.
- I will be responsible for arriving on time and be regular and consistent in attendance.
- I will encourage positive attitudes through sincere praise.
- I will be sensitive to procedures and student needs.
- I will be flexible in working with new ideas and materials.
- I agree to keep student information confidential. I will have respect for the confidential nature of school records, assignments and relationships between staff members and students.

