



## Volunteer Application

- Every year, every volunteer must provide a new application
- This application is fillable. Please print legibly if you are filling out a hard-copy
- All volunteer athletic coaches must apply online. Search "Volunteer Coach" at [www.peoriaunified.org](http://www.peoriaunified.org)
- Submit your completed packet to your school of choice, or to the district's volunteer coordinator, Peoria Unified School District Administration Center, 6330 W. Thunderbird Rd., Glendale, AZ 85306
- New volunteers are required to read the district's Volunteer Handbook and view the Volunteer Orientation video
- Elementary chaperones must complete the questionnaire after viewing the Field Trip Chaperone Orientation
- Volunteers are required to sign in/sign out and record volunteer hours
- Volunteer materials and orientations can be found at [www.peoriaunified.org](http://www.peoriaunified.org) in the section, *I Would Like To...*

<b>School/Classroom Volunteer</b> <input type="checkbox"/> You are a <b>NEW</b> parent or legal guardian at this school <input type="checkbox"/> You are a <b>RETURNING</b> parent or legal guardian at this school		<b>Field Trip Chaperone</b> <input type="checkbox"/> You are a parent or legal guardian who will be chaperoning a field trip	
First Name		Last Name	
Address		City	Zip Code
E-mail address		Date of Birth	<i>Volunteers must be 18 years or older</i>
Cell Phone	Home Phone	Work Phone	
List school(s) where you prefer to volunteer:			
Name of your child's teacher (if applicable):			
What is your occupation and educational background?			
What skills, interests or hobbies do you have that may be useful in a volunteer assignment?			
Driver's License #		List languages you speak, other than English:	
Social Security #			
Have you ever been convicted of a misdemeanor or felony? Yes <input type="checkbox"/> No <input type="checkbox"/>		Do you have transportation? Yes <input type="checkbox"/> No <input type="checkbox"/>	
If you answered "Yes" you must provide the following:		Can you begin your volunteer assignment now? Yes <input type="checkbox"/> No <input type="checkbox"/> If not now, when?	
Year of proceeding:			
Location of the court:			
Accusation:			
<i>I have read the Peoria Unified School District's Volunteer Handbook and viewed the Orientation slideshow. I agree to abide by all district rules and policies.</i>			
Date:		Signature:	

# Peoria Unified School District Volunteer Availability and Interests

Please indicate approximately how many hours a week you are available to volunteer: \_\_\_\_\_

Please indicate when you are available to volunteer:

	Monday	Tuesday	Wednesday	Thursday	Friday
Morning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Afternoon	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Evening	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Check all that apply to your areas of interest:

### Classroom

- Pre  6
- K  7
- 1  8
- 2  9
- 3  10
- 4  11
- 5  12

### Special Areas

- Art
- Band
- Chorus
- Media Center
- Reading Tutor
- Technology
- Other \_\_\_\_\_

### Office Assistant

- Clerical
- Copying
- Data Entry
- Mailings
- Other \_\_\_\_\_

### Special Events

- Arts
- Book Fair
- Health Screenings
- Fundraisers
- Parent Nights
- School Store
- Other \_\_\_\_\_
- National Honor Society
- PTA, PTSO, PTO
- Drama
- STEM
- Yearbook
- Student Council
- Field Trip Chaperone

**Thank you for your interest and involvement with children in our school!**

*Please return your complete Volunteer Application Packet to your school's designated Volunteer Coordinator or to the District Administration Center, 6330 W. Thunderbird Road, Glendale*

## Volunteer Program

### Questionnaire for Elementary School Field Trip Chaperone

Directions: View the 2 minute Field Trip Chaperone Orientation located at [www.peoriaunified.org](http://www.peoriaunified.org) in the ***I Would Like To...*** section, then complete this questionnaire and turn in to the school prior to the field trip.

Today's Date:

Chaperone Name:

Date of Field Trip:

Classroom Teacher's Name:

*Check one or more answers:*

1. Who is a field trip chaperone?

- Someone who oversees a small group of children assigned to them
- A parent or relative who is 18 years old or older
- All of the above

2. What is the primary duty of a chaperone?

- Ensure the safety of the students
- Drive the students to the field trip location
- Make sure students have a good time

3. Who is not allowed to go on a class field trip?

- Younger children
- Children not in the class
- All of the above

4. What should a chaperone do if a student misbehaves?

- Give the student a time-out
- Ignore the behavior
- Close the proximity between you; if not effective, ask the teacher for help

5. What does a chaperone do if a student asks for a cough drop?

- Unwraps one and puts it in their mouth
- Only teachers can administer medications.
- None of the above

6. What is on the list the teacher gives a chaperone to carry?

- Itinerary for the day
- The names of the students in their group
- All of the above

District policy states a new Volunteer Application and Emergency Information is required from every volunteer, every year.



Peoria Unified School District  
**Volunteer Emergency Information**

Date: \_\_\_\_\_

School: \_\_\_\_\_

Teacher: \_\_\_\_\_

Student/Child's First & Last Name: \_\_\_\_\_

Volunteer Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_  
*(if applicable)*

\_\_\_\_\_

Cell Phone: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Relative or friend to call: (in case of emergency)

\_\_\_\_\_

Cell Phone: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Physician: \_\_\_\_\_

Phone: \_\_\_\_\_

Choice of hospital: \_\_\_\_\_

Choice of ambulance: \_\_\_\_\_

Illness or health conditions: \_\_\_\_\_

Medications taken: \_\_\_\_\_

\_\_\_\_\_

Allergies: \_\_\_\_\_

\* List additional children and their teachers:



**Peoria Unified School District Volunteer Liability Insurance Statement**

All employees and approved volunteers of the District are covered by a blanket liability insurance policy. This policy would cover any charges which might be brought against you and/or the school district relative to the service you are performing. The coverage limit is ten million dollars.

Should you be injured while volunteering, your own accident or health insurance would be necessary.

Print Name \_\_\_\_\_

Volunteer's Signature \_\_\_\_\_ Date \_\_\_\_\_

*The information you provide is strictly confidential. Volunteer forms are kept of file at the school throughout the school year.*