#### PORT ORFORD-LANGLOIS SCHOOL DISTRICT 2CJ Steve Perkins, Superintendent

District Office 45525 Highway 101 Sixes, OR 97476 Tel: (541) 366-2111 Email: sperkins@2cj.com District mailing address: P.O. Box 8 Port Orford, OR 97465

## Port Orford/Langlois School District 2J

# **Volunteer Application Packet**

#### Dear School Volunteer:

Since school volunteers are an essential part of our educational team, we strongly hope you will grant us permission to conduct a background check. The only reason we are conducting these checks is to assure a safe, healthy learning environment for every student. This is a critical part of our mission as a public school district.

If you have any questions, please call the District Office. Ask to speak to someone about background checks for volunteers. You will be able to speak confidentially with a staff member who understands the process. We appreciate your understanding and cooperation in this important matter.

Sincerely,

Steve Perkins Superintendent

### **Volunteer Expectations**

**Dependability**: Children and staff look forward to the volunteer's commitment to report at an expected time.

**Professionalism**: The volunteer is a role model for children in dress, manner and behavior.

**Confidentiality**: The volunteer must respect the confidentiality of sensitive information. Children and their families should not be discussed outside the program or school environment.

**Communication**: The volunteer's success depends on effective communication. Asking questions and following directions are key components.

#### **Directions for Completing Volunteer Forms**

- **1**. Fill out the "Volunteer Application" form and the "Consent for Background Check" form. It is important that you complete each question, including the driver's license number, and to sign the forms. Incomplete applications will not be processed. If you would like to volunteer in more than one school please mark the school names on your application; you only need one application.
- **2**. Return these to the secretary of the school where you would like to volunteer. All information is kept confidential.
- **3**. You will not be allowed to volunteer until your school receives an okay after the background check is completed.
- **4.** Once the background check is completed, a school coordinator will contact you. If there is a concern with the results reported from the background check, you will be contacted by the District Office. If you have any questions, please contact Stephanie Smith at 541-348-2455 or ssmith@2cj.com.



# Volunteer Application 2017 - 2018

Please print	legibly:			
Date:				
Last Name	First Name	M.I.		Telephone Number
Address		City	State	Zip Code
Emergency (	Contact Information:			
Name	Relationship	Address		Telephone Number(s)
Wednesday: Thursday: Friday: <b>School you p</b>	ampm ampm ampm ampm orefer working in: Drif		_	
Volunteer/R	elevant Experience: ()	ou may attach	additional info if ne	eded)
I have read a	and understand the Vo	lunteer Guide	lines and Procedure	<u>S:</u>
Signature:		Date:		