

Stratford Public Schools VISS Registration Form

Name _____ Date _____
Please Print

Street Address _____

City/Zip _____

Telephone _____ Driver's License # _____

E-Mail address _____

Do you prefer to volunteer in a particular school? If so, please specify where

Preference of Day (M T W T H F) Choice#1 _____ Choice#2 _____

Best Hour of Day (9a.m.-3p.m.) Choice#1 _____ Choice#2 _____

Volunteer Areas (List the area(s) in which you would prefer to volunteer. If there is more than one area, please prioritize.)

_____ Tutor (Grade Level _____)

_____ Classroom Assistant (Grade Level _____)

_____ Library Media Assistant

_____ Arts Presenter (Grade Level _____)

_____ Special Projects (Specify below)

_____ Other (Specify below)

Special Projects/Other _____

Describe any special interests which may be helpful to the VISS program (i.e., career interests, hobbies, special skills, sports, computers, music, art)

Previous Volunteer Experience and Types of Service:

Emergency Information – Name and Phone Number of Person to Call in an Emergency:

VOLUNTEER RELEASE STATEMENT

1. I, the undersigned, hereby state that, if accepted as a volunteer, I will abide by the rules and regulations of the Volunteers In Service to Stratford Program. I understand that the Volunteers In Service to Stratford Program requires volunteers to support activities and programs that further the academic work of students.
2. I have not been convicted of any felony or misdemeanor classified as an offense against a person or family, of public indecency, or of a violation involving a state or federally controlled substance. I am not under current indictment.
3. I hereby fully discharge school personnel and participating companies and organizations from any and all liability, claims, and causes of action, costs, and expenses that may be attributable to my participation in the Volunteers In Service to Stratford Programs.
4. I give permission for completion of a background check as part of the screening process for participation in this program. This may include verification of personal and employment references, and, at the discretion of the Stratford Board of Education, may also include a criminal check with local authorities.

I have read the above release statement and agree to the contents. To the best of my knowledge and belief, all statements in this profile application are true and accurate.

Signature

Date

Please complete and return original to:

*Office of Media Services
Flood Middle School
490 Chapel Street
Stratford, CT 06614*