

Grants Pass School District  
**VOLUNTEER APPLICATION FORM**



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

FULL Legal Name (first, middle, and last) \_\_\_\_\_

Parent     Grandparent     Other (please specify) \_\_\_\_\_

List Other Names Previously Used \_\_\_\_\_

Address \_\_\_\_\_  
Street City/State/Zip

Date of Birth (required) \_\_\_\_\_ Drivers License (required) #: \_\_\_\_\_ State \_\_\_\_\_

Home Phone Number \_\_\_\_\_ Message Phone \_\_\_\_\_

Occupation \_\_\_\_\_ Employer \_\_\_\_\_

Previous Volunteer Work \_\_\_\_\_

Education/Special Training \_\_\_\_\_

Interest/Hobbies \_\_\_\_\_

Name of child(ren) if applicable \_\_\_\_\_

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- I have read and understand my responsibilities as described in the D7 Volunteer Handbook.
  - I understand that the right to confidentiality must be respected. I agree to keep any information confidential regarding the students, agencies, and/or schools with whom I am assigned.
  - I understand that I am required to report any student neglect or abuse I become aware of to my supervisor. I am aware and/or trained in the regulations around sexual misconduct. (Information can be found at [www.grantspass.k12.or.us](http://www.grantspass.k12.or.us), hover over Parents, then click on Get Involved. Scroll down to Volunteer, click on Sexual Misconduct Reporting Requirements and Child Abuse Report form.)
  - I understand that my date of birth and driver's license number will be used to a criminal background check and my signature below authorizes GPSD7 to complete this activity.

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