Volunteer Application/Personal Profile

By completing this form, you are consenting to release all information to the East Baton Rouge Parish School System.

Select a program: □ EveryBody Reads	© □ Every	One Counts [©]	□ Voyage	□ 0	ther	
☐ I am also able to assist in the	VIPS office with:	□ Data entry/of	fice tasks □ Mis	scellaneous vo	lunteer opportur	nities
List any additional skills or talents:						
DDECEDDED NAME						
PREFERRED NAME (Use blue or black ink)						
ADDRESS Street No. or P.O. Box	Unit	City	,	Zip Code		
TELEPHONE Home		Cell or Work				
EMAIL Personal			often do you check you	r email? Daily	Occasionally Ra	rely Never
PREFERRED METHOD OF CONTACT Phone	2	□ Email				
HAVE YOU EVER BEEN ARRESTED?	Yes No					
If yes, list charges and dates.						
ii yes, iist eilarges and dates.						
COMMUNITY AFFILIATIONS						
(Clubs, Church, Service or Professional Organizations) REFERENCE						
(please provide contact information)						
EMERGENCY CONTACT						
	Name Phone Number		Relationship Alternate Phone Number			
HOW DID VOLUTAD OF VIDO						
HOW DID YOU HEAR OF VIPS?						
SCHOOL PREFERENCE						
DAYS/TIMES YOU CAN VOLUNTEER	□ Monday	□ Tuesday	□ Wednesday	□ Thursday	□ Friday	_
I would like to pay for my background check (\$9)	□ Yes	□ No				
Comments (List any additional information	you feel will assist	us in the matching	g process):			
						
						
YOUR SIGNATURE INDICATES THAT YOU HAVE READ T	HE QUESTIONS AND	ANSWERED THEM T	RUTHFULLY.			
SIGNATURE: DATE:						



W. C. Montgomery Center 4070 Tunica Street, Room 7, Baton Rouge, LA 70805

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