

REQUEST TO VOLUNTEER/MENTOR

Thank you for your interest in supporting Norfolk Public Schools (NPS) as a school volunteer. All volunteers should complete this form and return it to the school where they wish to volunteer.

Should you have additional questions or need further assistance, please contact the school directly.

Name		
Address		
City	State	Zip
Phone Numbers (home or office)		(Cell)
Email		
Occupation/Employer (if applicable)		
Special Interests/Talents/Hobbies		
Why are you interested in volunteering with NPS?		

What day(s) of the week and time(s) of day are you available to volunteer?

Please note that because school volunteers must always work under the direct supervision and at the pleasure of school staff, most volunteer opportunities are limited to regular school hours. However, some volunteer opportunities may be available in afterschool programs or during evening events.

In addition, some opportunities exist to assist at home (i.e., helping to make/organize hands-on, interactive learning activities; designing/preparing materials for bulletin boards; planning/organizing for special events; etc.).

Check all volunteer interests:

- □ At-Home Project Assistant
- Cafeteria
- Career Education
- Clinic
- Classroom Speaker

- Computer Technology
- Field Trip Chaperone
- Greeter
- General Assistant
- English as a Second Language

- Library
- Mentor
- Office Assistant
- Special Events
- STEM



Tutor (subjects)			
Other			
Preferences (mark all that apply):	☐ Middle School (6-8)	High School (9-12)	
Please List Preferred Schools			
of a felony offense or any offense in agree to notify Norfolk Public Schoo will be required to check in at the we Norfolk Public Schools' safe schools I further acknowledge that I have re- of the school principal and agree to	volving the sexual molestation Is within 24 hours of an arrest elcome desk inside the main en practices. (See <u>www.npsk12.c</u> ad the <i>GUIDELINES for School</i> N adhere to all School Board poli	ls, I do hereby certify that I have never or physical or sexual abuse of a child for any such criminal offense. I also un ntrance of any school each time I volu om/ for more information.) /olunteers, understand that I volunte cies and Norfolk Public Schools Code Date	. I also expressly nderstand that I inteer as part of er at the pleasure of Ethics.
	School Staff to Com	nlete	
		piece	
Name of School/Department			
Staff/Facilitator's Signature		Date	
Print Staff/Facilitator's Name/Title		Date	

Please return this form to the school where you would like to volunteer.

Thank you for helping to make a difference!

Revised November 2017