



Name: _____
Last First Middle Initial Maiden

Address: _____
Street City ZIP Cell Phone

E-Mail: _____

Occupation: _____
Employer Position Work phone

Birth date: ____/____/____ Race: _____ Gender: _____

Do you have any disabilities that may require special accommodations? _____

Have you ever been convicted of, or are you currently being charged with any felony? _____

Special skills and interest: _____

Check what best describes you and/or your associations with the district: ____ family of PBS student
____ Community volunteer ____ District employee ____ University student ____ Member of an
Organization (Name of Organization): _____

Which volunteer opportunities are you most interested in? ____ Mentor ____ Tutor ____ Guest Speaker
____ Clerical/staff assistance ____ Field Trip Chaperone ____ Reader ____ PTO/Special Projects
____ Other: _____

What age children would you like to work with? ____ no preference ____ Elementary, grades PreK-2
____ Elementary, grades 3-5 ____ Middle School, grades 6-8 ____ Senior High

Is there a time and/or day of the week that is best for you? _____

School (s) preferred : _____

By affixing my signature below, the Pine Bluff School District is authorized to conduct background checks in determining my volunteer placement eligibility. I authorize law enforcement and background check agencies to release any information that they may have relative to processing this application. I do hereby release the Pine Bluff School District- and all other parties involved in processing my application - from all liability for furnishing such information. I certify all information I provided is true and correct.

Signature: _____ Date: _____