



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 describing 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: \_\_\_\_\_