

Partnership Program Application

Together We Can Build A Foundation For All Students



Personal Information

Name _____
 Address _____
 City _____ State _____ Zip _____
 Home Phone Number _____ Cell Phone Number _____
 Work Phone Number _____ Email Address _____
 Place of Employment _____

Emergency Contact

Name of person to contact _____
 Phone Number _____

Education Information

Level of Education	Name of School	Number of Years	Degree
High School			
College			
Graduate School			
Ph.D./ Ed.D.			
Other			

Special Skills (Check all that apply)

I have the following skills to work with students:

- | | |
|--|---|
| <input type="checkbox"/> Braille | <input type="checkbox"/> Sign Language |
| <input type="checkbox"/> Learning disabilities | <input type="checkbox"/> Foreign Language |
| <input type="checkbox"/> Storytelling | <input type="checkbox"/> Arts/Crafts |
| <input type="checkbox"/> Event Planning | <input type="checkbox"/> Music |
| <input type="checkbox"/> Other _____ | |

Volunteer Information (Check all that apply)

Volunteer Activity	Volunteer Times	Age Group	Work Location
<input type="checkbox"/> Mentor <input type="checkbox"/> Tutor - Areas of Interest: <input type="checkbox"/> Math <input type="checkbox"/> Technology <input type="checkbox"/> Science <input type="checkbox"/> English/ Language Arts <input type="checkbox"/> Music <input type="checkbox"/> Other _____ <input type="checkbox"/> Reader	<input type="checkbox"/> Weekdays only <input type="checkbox"/> Weekends only <input type="checkbox"/> Morning _____ To _____ <input type="checkbox"/> Lunchtime _____ To _____ <input type="checkbox"/> Afternoon _____ To _____ <input type="checkbox"/> Evening _____ To _____ <input type="checkbox"/> During the school year <input type="checkbox"/> Summer <input type="checkbox"/> 12 months	<input type="checkbox"/> Age doesn't matter <input type="checkbox"/> Preschool/Kindergarten <input type="checkbox"/> Elementary K-6 <input type="checkbox"/> Secondary 7-12 <input type="checkbox"/> Adult Program	<input type="checkbox"/> On a bus line <input type="checkbox"/> Any city school <input type="checkbox"/> Selected school <input type="checkbox"/> Other _____

Why do you want to volunteer? _____

Criminal Background Check

Have you ever been convicted of a crime? Yes No

If yes, please describe fully the conviction(s) listing the nature of offense(s), you age at the time of the offense and your rehabilitation since the conviction(s). (Record of conviction will not necessarily be a deterrent to doing volunteer work)

References

Name _____ Address _____ _____	Name _____ Address _____ _____	Name _____ Address _____ _____
Phone Number _____ Email Address _____ Relationship to you _____	Phone Number _____ Email Address _____ Relationship to you _____	Phone Number _____ Email Address _____ Relationship to you _____

Attestation (Check all that apply)

I understand the following:

- Acceptance to volunteer will be on a 3 month introductory basis
- If accepted for a volunteer assignment with the Rochester City School District, I agree to abide by the District’s Rules, Regulations and Code of Conduct.
- The information contained in this application is complete and true to the best of my knowledge
- Any misrepresentation or omission of facts will be cause for immediate dismissal
- I agree to attend, prior to beginning my volunteer services, the orientation session that is required by the RCSD.
- I agree to attend other training sessions required by the RCSD throughout the year.
- If accepted for a volunteer assignment, I will be expected to observe confidentiality with respect to all information I may possess regarding my interactions with RCSD, its students, families and any knowledge of the contents of confidential records.

I give my permission to pass this information on to those schools where my skills and interests can best be utilized.

Signed _____ Date: _____

Please return completed application to:

Nydia Padilla-Rodriguez, Director of Community Partnerships
Rochester City School District, 131 W. Broad Street, Rochester, NY 14614
For more information, please call 262-8133 or email: nydia.padilla@rcsdk12.org

Save Form