



Date: \_\_\_\_\_

## VOLUNTEER INFORMATION SHEET

Name \_\_\_\_\_ Telephone number \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_

Email \_\_\_\_\_

I would like to:

Tutor with the help of the teacher, math, science, reading, and spelling.

Be a resource person; i.e. share my hobbies, travels, work experience, collections.

Read to children or help children read.

Do clerical work for the teacher or office staff.

Assist in the computer lab.

Assist in the library.

Assist in the clinic.

Mentor students.

Other: \_\_\_\_\_

I would prefer to volunteer in the following areas:

Elementary: Kindergarten — Grade 5

Middle School: 6–8

High School: 9–12



I would be most comfortable working with:

Large group above 15 students

Medium group 6–15 students

Small group 2–5 students

Individual students

I have been employed as: \_\_\_\_\_

My hobbies are: \_\_\_\_\_

I speak more than one language: \_\_\_\_\_

I currently volunteer/or have been in contact with: \_\_\_\_\_ at: \_\_\_\_\_ School

**Only** answer the following if you are **not** currently volunteering for LPS schools or have **not** been in contact with anyone at a particular school.

I would prefer to work in the A.M. P.M. Either

Monday Tuesday Wednesday Thursday Friday Any day

The following schools would be convenient for me. (Please check all of those that are appropriate.)

The Village Preschool  
Centennial Academy  
East Elem.  
Field Elem  
Franklin Elem.  
Highland Elem.  
Hopkins Elem.  
Lenski Elem.

Moody Elem.  
Peabody Elem.  
Runyon Elem.  
Sandburg Elem.  
Twain Elem.  
Wilder Elem.  
Littleton Academy Charter (1-8)  
Littleton Prep. Charter (1-8)  
Pathways Alternative MS

Euclid MS  
Goddard MS  
Newton MS  
Powell MS  
Arapahoe HS  
Heritage HS  
Littleton HS  
Options Alternative HS

AGE: (Please check appropriate age range)

- 20 – Under
- 20 – 29
- 30 – 39
- 40 – 49
- 50 – 55
- 55 – 60
- 60 Above

Do you have any physical restrictions that we need to take into consideration in order to make an appropriate volunteer placement?

If YES — please list: \_\_\_\_\_

Please list three (3) business or personal references:

Name **Mailing** Address Phone Number

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PLEASE RETURN TO: *Pam Hubbard*

LPS Education Services Center

5776 South Crocker Street

Littleton, CO 80120

Phone: 303-347-3414 —OR— Fax 303-347-3339

phubbard@lps.k12.co.us

### **Fair Credit Reporting Act Disclosure and Authorization**

**The purpose of this form is to notify you that a consumer report will be run on you in the course of consideration for employment with Littleton Public Schools.**

As an applicant for the volunteer (or Senior Citizen Rebate) program, you are a consumer with rights under the Fair Credit Reporting Act. Under this law, the district may procure a consumer report or an investigative consumer report from a consumer reporting agency on you when (1) considering your application for employment, (2) making a decision whether to offer you employment, (3) deciding whether to continue your employment (if you are hired), or (4) making other employment decisions directly affecting you.

A "consumer report" means any written, oral, or other communication bearing on your credit worthiness, credit standing, credit capacity, character, general reputation, personal characteristics, or mode of living which is used in whole or in part for the purpose of serving as a factor in establishing your eligibility for employment purposes.

An "investigative consumer report" means a consumer report or portion thereof in which information on your character, general reputation, personal characteristics, or mode of living is obtained through personal interviews with your neighbors, friends, or associates reported on or with others with whom you are acquainted or who may have knowledge concerning any such items of information.

In the event an investigative consumer report is prepared, you may request additional disclosures regarding the nature and scope of the investigation requested as well as a written summary of your rights under the Fair Credit Reporting Act.

Should any of the information from a report be utilized in whole or in part in making an adverse decision with regard to your employment, before making the adverse decision, we will provide you with a copy of the consumer report and a summary of your rights under the Fair Credit Reporting Act.

In connection with this request, I authorize all corporations, former employers, credit agencies, educational institutions, law enforcement agencies, city, state, county and federal agencies, military services and persons to release information they may have about me to the person or company with which this form has been filed or their agent, Background Information Services, Inc. This releases the aforesaid parties from any liability and responsibility for collecting the above information.

I authorize a consumer credit report to be run. I also authorize the release of my motor vehicle driving records maintained by law enforcement agencies, city, state, county and federal courts, or any other state or local agency, to the person or company with which this form has been filed or their agent, Background Information Services, Inc.

This releases the aforesaid parties from any liability and responsibility for collecting the above information. I understand that these files may contain negative information about my background, mode of living, character, and personal reputation. This authorization, in original or copy form, shall be valid for this and any future reports or updates that may be requested.

