

Kestrel Heights School Volunteer Form

Thank you for your interest in volunteering at Kestrel Heights School. We appreciate your willingness to give of your time, energy and talents to help the needs of our students.

Volunteer Opportunities:

Please check all activities that interest you and complete application on the reverse side. You must be 18 years or older to register for these activities.

- | | | |
|--|---|---|
| <input type="checkbox"/> Athletic Associations | <input type="checkbox"/> Field Days | <input type="checkbox"/> Resource Speaker |
| <input type="checkbox"/> Athletic Concessions | <input type="checkbox"/> Foreign Language Tutor | <input type="checkbox"/> Room parent |
| <input type="checkbox"/> Band Booster | <input type="checkbox"/> General Tutor | <input type="checkbox"/> Science Fairs |
| <input type="checkbox"/> Beautification/Grounds Days | <input type="checkbox"/> Health assistant | <input type="checkbox"/> Science Tutor |
| <input type="checkbox"/> Book Fairs | <input type="checkbox"/> Job shadowing | <input type="checkbox"/> Storytelling |
| <input type="checkbox"/> Cafeteria/Lunch assistant | <input type="checkbox"/> Language Translation | <input type="checkbox"/> Student volunteerism/service |
| <input type="checkbox"/> Classroom assistant | <input type="checkbox"/> Literacy Tutor | <input type="checkbox"/> Technology |
| <input type="checkbox"/> Clerical assistant | <input type="checkbox"/> Math Tutor | <input type="checkbox"/> Test proctor |
| <input type="checkbox"/> Club sponsor | <input type="checkbox"/> Media center assistant | <input type="checkbox"/> Other |
| <input type="checkbox"/> Dance chaperone | <input type="checkbox"/> Mentor | |
| <input type="checkbox"/> Day Field Trip | <input type="checkbox"/> Overnight Field Trip | |
| <input type="checkbox"/> Drama Productions | <input type="checkbox"/> PTSO | |
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I Am Available to Serve *(please check the days and times you would be able to serve)*

- | Sunday | Monday | Tuesday | Wednesday | Thursday | Friday | Saturday |
|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|
| <input type="checkbox"/> Mornings | <input type="checkbox"/> Mornings | <input type="checkbox"/> Mornings | <input type="checkbox"/> Mornings | <input type="checkbox"/> Mornings | <input type="checkbox"/> Mornings | <input type="checkbox"/> Mornings |
| <input type="checkbox"/> Afternoons | <input type="checkbox"/> Afternoons | <input type="checkbox"/> Afternoons | <input type="checkbox"/> Afternoons | <input type="checkbox"/> Afternoons | <input type="checkbox"/> Afternoons | <input type="checkbox"/> Afternoons |
| <input type="checkbox"/> Evenings | <input type="checkbox"/> Evenings | <input type="checkbox"/> Evenings | <input type="checkbox"/> Evenings | <input type="checkbox"/> Evenings | <input type="checkbox"/> Evenings | <input type="checkbox"/> Evenings |

I Can Serve This Frequently:

- Daily
 Weekly
 Monthly
 Semester
 Academic Year

**For More Information Contact: Ms. Maggie Buckholz at 919-484-1300 x126 or
Buckholz@kestrelheights.org**

Volunteer Registration

The entire application must be completed and processed prior to participation in volunteer activities.

Applicants will receive email notification when the application is approved.

Name:

First
Middle
Maiden
Last

Street Address:

City: State: Zip:

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Preferred Phone
Email

Parent/Guardian of Kestrel Student: Yes No Full Name of Student(s):

Indicate if your service is affiliated with a specific business, university, church or civic group:

Information Required for Criminal Background Check

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Social Security Number
OR
U.S. Visa Number

Driver's License:

State Number
OR
State ID#

Date of Birth:

M M
D D
Y Y Y Y

Male
Female
Race:

Please list any addresses **outside of NC** in the past 7 Years:

| | State | County | Address | # of Years |
|-----------|-------|--------|---------|------------|
| Address 1 | | | | |
| Address 2 | | | | |
| Address 3 | | | | |

I hereby authorize Kestrel Heights School to obtain a criminal history report from the North Carolina State Bureau of Investigation or other agencies, and waive any claim for damages or injury against Kestrel Heights School or the provider of the report, except as provided by the Fair Credit Reporting Act. Kestrel Heights School also may conduct periodic criminal record checks after volunteer service is initiated. I declare that all of the statements made in this application are true, complete, and correct to the best of my knowledge.

Volunteer's signature: Date: