

BRIDGEPORT PUBLIC SCHOOLS

VOLUNTEER APPLICATION

Name \_\_\_\_\_ Home Phone ( ) \_\_\_\_\_  
Last First M.I.

Home Address \_\_\_\_\_  
Street Apartment /Floor  
City State Zip Code

Cell Phone ( ) \_\_\_\_\_ Email \_\_\_\_\_

Social Security # \_\_\_\_\_ Date of Birth \_\_\_\_\_

Company/Organization \_\_\_\_\_ Work Phone ( ) \_\_\_\_\_

Occupation/Title \_\_\_\_\_

Business Address \_\_\_\_\_  
Street City State Zip code

Emergency Contact & Phone \_\_\_\_\_

Education: High School completed? Yes No (Please circle one)

College Degree Major  
Professional Training/Graduate Studies

Previous Work or Volunteer experience:

\_\_\_\_\_  
\_\_\_\_\_

Please check area(s) of interest below.

\_\_\_\_ Reading Tutor \_\_\_\_\_ Reading Enrichment (weekly, monthly)  
\_\_\_\_ Math Tutor \_\_\_\_\_ Book Buddy (child reads to you)  
\_\_\_\_ ESOL Tutor \_\_\_\_\_ Mentor

Grade level preference: \_\_\_\_\_ Primary \_\_\_\_\_ Intermediate \_\_\_\_\_ Upper Grades  
(K-3) (4-6) (7-8)

Schedule preference: Day(s) \_\_\_\_\_ Time \_\_\_\_\_

How often? \_\_\_\_\_ Start Date \_\_\_\_\_

School Preference: \_\_\_\_\_

Please complete, sign and date reverse side.

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Please list any foreign languages that you speak. \_\_\_\_\_

Have you ever been convicted of a crime? Yes \_\_\_\_\_ No \_\_\_\_\_

Are there any criminal charges pending against you? Yes \_\_\_\_\_ No \_\_\_\_\_

If “yes” to either question, please describe fully. \_\_\_\_\_

References: Please give 3 professional or personal references. (Not family members)

Name & Affiliation \_\_\_\_\_

Address \_\_\_\_\_

Company (if applicable) \_\_\_\_\_ Phone \_\_\_\_\_

Name & Affiliation \_\_\_\_\_

Address \_\_\_\_\_

Company (if applicable) \_\_\_\_\_ Phone \_\_\_\_\_

Name & Affiliation \_\_\_\_\_

Address \_\_\_\_\_

Company (if applicable) \_\_\_\_\_ Phone \_\_\_\_\_

Agreement and Signature:

***I affirm that all statements on this application are true and complete to the best of my knowledge. I have read the Bridgeport School Volunteer Code of Conduct and agree to follow it if placed as a volunteer. I authorize the Bridgeport Board of Education and persons acting on its behalf to conduct any investigation respecting my application, character or general reputation, and authorize examination of any criminal or police record of mine that exists. I also agree/disagree (please circle one) that my name, photograph or statements may be used in the media to promote school volunteer efforts. In the event of the organization’s determination of my ineligibility, I understand that the reason will not be provided.***

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

For additional information, call 275-1120. Please return this form to the School Volunteer Office, Sheridan School (#28), 280 Tesiny Avenue, Bridgeport, CT 06606 (Fax 372-7214).

Placement (To be completed by the School Volunteer Office)

Volunteer Assignment: \_\_\_\_\_

School: \_\_\_\_\_

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

Teacher: \_\_\_\_\_

Grade and Room \_\_\_\_\_

Schedule: \_\_\_\_\_