

**King Middle School
Volunteer Application Form 2006-07
Sue Carlson, Partnership Developer
carlss@portlandschools.org
874-8140 x404**

Please complete this form and return to Sue Carlson at King. Thanks!

I. Volunteer Name _____

First

Middle Initial

Last

Address _____

Home Phone _____ **Work Phone** _____

Email Address _____

Your DOB _____

Student(s) name(s) and house/grade *please list all*

II. Current Employer

Employer Name _____

Address _____

Supervisor's Name _____

III. References (three individuals who are *not related* to you).

1. Name _____ **Daytime Phone** _____

Address _____

Email _____

PLEASE COMPLETE BOTH SIDES

2. Name _____ Daytime Phone _____

Address _____

Email _____

3. Name _____ Daytime Phone _____

Address _____

Email _____

IV. In case of an emergency, please notify:

Name _____ Phone _____

Physician's Name _____ Phone _____

Significant Health Issue (optional) _____

Hospital Preference _____

V. Confidential Background Information

Have you ever been charged with, pleaded guilty or "no contest" (nolo contendere) or been convicted of any crime, other than a minor traffic offense?

Yes _____ No _____

I understand that information submitted in and with this registration may be disclosed to Portland Partnership and Portland Public Schools administrators and staff. School staff may conduct a public records check. I give my consent to this disclosure.

Signature _____ Date _____

