



PALS People Assisting Local Schools

Volunteer Application

Originating School _____ Date _____

Name: _____
Last First Middle

Address: _____
Street City Zip Home phone

Occupation: _____
Employer Position Work phone

E-mail address: _____ Cell phone: _____

Have you ever been convicted of, or are you currently being charged with any felony? _____

If yes, please explain: _____

Special skills & interest: _____

Volunteer experience: _____

Do you have any disabilities that might affect your involvement? _____

Which volunteer opportunities are you most interested: (check all that apply)

- | | | |
|--|---|---|
| <input type="checkbox"/> Mentor | <input type="checkbox"/> Tutor | <input type="checkbox"/> Reader |
| <input type="checkbox"/> Resource speaker | <input type="checkbox"/> Clerical/ staff assistance | <input type="checkbox"/> Field Trip Chaperon |
| <input type="checkbox"/> School activities | <input type="checkbox"/> Recess/ lunch monitor | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Elementary School | <input type="checkbox"/> Middle School | <input type="checkbox"/> Senior High <input type="checkbox"/> No preference |

School (s) preferred: _____

What time/ day works best for you: (check all that apply)

- Monday Tuesday Wednesday Thursday Friday
- Morning Lunch Afternoon Flexible :__ am/pm to __:__ am/pm

Authorization for release of confidential information to the Pulaski County Special School District from the Child Abuse & Neglect Registry and/or other criminal record searches must be completed and returned with this form.

**Authorization for release of confidential information contained within the
Arkansas Child Abuse and Neglect Central Registry.**

I hereby request that the Arkansas Child Abuse and Neglect Central Registry release any information that their files may contain indicating the undersigned applicant as an alleged perpetrator of suspected child abuse/neglect. This information should be addressed to ♂

**Communications Department
Pulaski County Special School District
925 East Dixon Road
Little Rock, AR 72206**

I understand that the name of any confidential informants, or other information which does not pertain to the applicant as alleged perpetrator, will not be released.

<i>Applicant's name (print)</i>	<i>Maiden name/aliases</i>	<i>Social Security number</i>
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<i>Applicant's Race</i>	<i>Age</i>	<i>Date of birth</i>	<i>Driver's License number</i>
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List your addresses for the last 7 years:

List all of your children, and any whom you serve as legal guardian, by their full name. Include their date of birth by month/date/year:

From _____ to present:

Name DOB

From _____ to _____:

Name DOB

Name DOB

From _____ to _____:

Name DOB

Name DOB

From _____ to _____:

Name DOB

Name DOB

Signature of applicant: _____ Date: _____

A notary must complete the following:

County of _____) SS
STATE OF ARKANSAS)

Acknowledged before me, this ____ day of _____, 20__.

My commission expires:

Notary Public