



Email:

DETROIT PUBLIC SCHOOLS
DIVISION OF PARENT INVOLVEMENT
VOLUNTEER APPLICATION

Name: Last First Middle

Address:

Phone: Home: () Other: ()

Sex: M F Occupation: Employer:

In case of emergency notify: Name: Mr., Mrs., Ms. Relationship: Phone:

Circle highest level of school completed:

High School: 8th or below 9th 10th 11th 12th Diploma: Y or N GED: Y or N
College: 1 2 3 4 Advance Degree:

Special Skills. Please check all that apply:

Computer Clerical Foreign Language (Specify Language)
Dance Art Sports (Specify Sport/s)
Reading Public Speaking Tutoring (Specify Subject)

Location preferences. Please identify where you would prefer to volunteer:

Northwest Northeast Southwest Southeast Name of school:

Please identify how you learned about volunteer opportunities with Detroit Public Schools:

Newspaper Employer Self-inquiry Friend/Family School Alumni Other

List previous volunteer experience: Was it with DPS? Yes No

All applicants must complete this section:

Driver's License or State ID #: Date of Birth: Month Day Year

Have you ever been convicted of a felony? Yes No

Have you ever been convicted of child neglect or abuse? Yes No

Other than the above, are there any facts or circumstances involving you or your background that would call into question your being entrusted with the supervision, guidance and care of young people? Yes No

CONSENT AND LIABILITY RELEASE

I understand and give my consent that the information that I have provided may be verified and I release Detroit Public Schools from any liability associated with obtaining and relying upon said information. I understand that the information that I have provided will be used solely for the purposes of allowing me to perform volunteer services for Detroit Public Schools.

Print Name: Date:

Signature: