The Birches Academy of Academics & Art

Designated Volunteer Application

Please fill out and return this form to the Dean of School to be considered for a designated volunteer position. You may mail this form to the school mailing address, attach it to an email to the administration office at information@birchesacademy.org, or drop it by our office during school hours.

After we receive your application, the Dean of School will review it. Once your application has been approved, it will be forwarded to Human Resources. HR will provide you with information on how to make an appointment to have your fingerprints taken. Please be advised that, since we work with a vulnerable population, we require a criminal background check for this position. All information on this form will be confidential and help us find the perfect volunteer project for you.

Volunteer Application Form

What days are you usually available? Mon Tues Wed Thurs Fri How many hours are you available per week? Do you prefer Morning? Afternoon? Either? Emergency contact information: Name: Phone: Relationship: Volunteer Signature:	First Name:	Last Name:	
into an appropriate position? What days are you usually available? Mon Tues Wed Thurs Fri How many hours are you available per week? Do you prefer Morning? Afternoon? Either? Emergency contact information: Name: Phone: Relationship: Volunteer Signature:	Phone:	Email:	
What days are you usually available? Mon Tues Wed Thurs Fri How many hours are you available per week? Do you prefer Morning? Afternoon? Either? Emergency contact information: Name: Phone: Relationship: Volunteer Signature:	Do you have skills, special interests, or ex	xperience that you would like ι	us to consider when placing you
How many hours are you available per week? Do you prefer Morning? Afternoon? Either? Emergency contact information: Name: Phone: Relationship: Volunteer Signature:	into an appropriate position?		
Do you prefer Morning? Afternoon? Either? Emergency contact information: Name: Phone: Relationship: Volunteer Signature:	What days are you usually available? Mo	n Tues Wed Th	nurs Fri
Emergency contact information: Name: Phone: Relationship: Volunteer Signature:	How many hours are you available per we	eek?	
Name: Phone: Relationship: Volunteer Signature:	Do you prefer Morning? Afternoon	? Either?	
Volunteer Signature:	Emergency contact information:		
	Name: Pho	one: F	Relationship:
	Volunteer Signature:		

Once you have been approved by the Dean of School and background check has been completed, Human Resources will notify you that you are ready to begin volunteering. The volunteer coordinator will contact you to start working. An administrator will provide an orientation including bullying laws and reporting, policy and procedures, confidentiality, dress code, conduct and use of adult restrooms only. The Human Resource office will notify you if you do not pass the criminal record check.

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Volunteer Application Form

First Name:		
Phone:	Email:	
Do you have skills, special interests, or ex	sperience that you would like us to consider when placing you	
into an appropriate position?		
What days are you usually available? Mor	n Tues Wed Thurs Fri	
How many hours are you available per we	eek?	
Do you prefer Morning? Afternoon?	? Either?	
Emergency contact information:		
Name:Pho	one: Relationship:	-
		_
Volunteer Signature:		

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