

# Carl Junction Schools

## Volunteer Application

**return to:** Jeni Driskill [jdriskill@cjr1.org](mailto:jdriskill@cjr1.org)  
 206 S. Roney, Carl Junction, MO 64834  
 Fax: 417-6495742

Thank you for your willingness to volunteer in the Carl Junction School District. To ensure the safety of our students and staff, you MUST submit a complete application packet to the District Central Office.

### **Application Information**

This is a  New application  Renewal  
 I am a  Parent/Guardian  Relative  Community Member

### **Personal Information**

Male  Female

Legal Name: \_\_\_\_\_  
 First  Middle  Last

Address \_\_\_\_\_ City \_\_\_\_\_ ST \_\_\_\_\_ Zip \_\_\_\_\_

Home phone: \_\_\_\_\_ Work phone: \_\_\_\_\_

Cell phone: \_\_\_\_\_ Email: \_\_\_\_\_

Current employer: \_\_\_\_\_ Occupation: \_\_\_\_\_

Languages spoken (besides English) \_\_\_\_\_

Please list all of your children that are enrolled in Carl Junction Schools this year:

Student Name	Building	Grade/Teacher
_____	_____	_____
_____	_____	_____
_____	_____	_____

### **Emergency Contact Information:**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

### **Volunteer Interests and Activities:**

School(s) where I wish to volunteer \_\_\_\_\_

I plan to volunteer:  Regularly  Once in a while

Volunteer activities (ex. *Bulldog Buddies, Field trip chaperone, office/teacher help, etc.*): \_\_\_\_\_

\_\_\_\_\_

All information in this application is accurate to the best of my knowledge. As a condition of being permitted to volunteer at Carl Junctions Schools, I freely accept and voluntarily assume the risks of personal injury or property damage that may result from my volunteer experience, including but not limited to, any activity while volunteering on school property. I hereby agree to waive any and all claims arising out of any such injury or damage.

Applicant signature: \_\_\_\_\_ Date: \_\_\_\_\_