OMAHA PUBLIC SCHOOLS
Application for Volunteer Service

3215 Cuming Street
Omaha, NE 68131-2024
(402) 557-2300

I confirm that all my answers to the questions in this volunteer service application are accurate and complete. I understand that consideration will be contingent upon the accuracy, completeness, and acceptability of the information furnished, and the falsification of this application in any detail is grounds for disqualification from further consideration or for dismissal from volunteer services.

I authorize any former employer, education institution, government unit, Nebraska Child Abuse/Neglect Central Registry or other person or entity having such records or information concerning me to furnish such records or information requested by the Omaha Public Schools or their duly authorized representative. I understand in executing this authorization I waive the right of such information to be privileged or private and release such person or entity from all liability in connection with such release of information.

I understand that student records and information is confidential and that personally identifiable information concerning a student is not to be released without prior consent from a parent/guardian, although personally identifiable information may be disclosed to school officials for legitimate purposes.

All statements contained in this volunteer service application are considered part of the working agreement if the individual is selected. The School District of Omaha is committed to, and guided by, the principle of equal employment opportunity. The election of all volunteers shall be by action of the Board of Education upon recommendation of the Superintendent of Schools without regard to race, color, religion, gender, sexual orientation, marital status, disability, or handicapping condition, age or national origin.

Date

Signature of Volunteering Applicant

Human Resources Representative Signature

APPLICATION MUST BE COMPLETED IN FULL
PLEASE NOTE: Make an entry in every space.
Use N/A if it does not apply.

For Office Use Only

CL SA PA NA FS
MO TR CU FL
POL/CH/DMV

REF/Date

Other

For Office Use Only

Rev 3/07
B276 Val Ap
Omaha Public Schools
Volunteer Information Form

School ___________________________ Date ____________

Name ____________________________________________

Last First Middle

Permanent Address ____________________________________________

House Number and Street __________________ City ____________ State ________ Zip _______

Telephone Number ______________________________

Date Available ____________________________

Have you ever applied for any position in the Omaha Public School? Yes □ No □
If yes, for what position? ____________________________ When? ______________

Do you have experience working with children? (Please describe) __________________________________________________________________________

Have you ever been convicted of a crime (felony or misdemeanor)? Yes □ No □
(If you answered Yes please provide details including type of crime, date of conviction and court convicted in.) __________________________________________________________________________

Special Skills __________________________________________________________________________

Areas of Interest _________________________________________________________________________

Location Preference ________________________________________________________________

EDUCATIONAL PREPARATION:
Senior High School Attended ____________________________________________

# of Years Attended ________ Address ____________________________________________

Diploma ________

College Attended ____________________________________________

Degree ____________________________________________

Other (Additional training preparation: CPR, First Aid, Trade School, Apprenticeship, etc.) __________________________________________________________________________

________________________________ Volunteer Applicant's Signature

________________________________ Date

________________________________ Human Resource Administrator Signature

________________________________ Date Approved
Drug Free Workplace
Omaha Public Schools

The following Position Statement on a Drug Free Workplace has been adopted by the Board of Education of the Omaha Public Schools.

1. The unlawful manufacture, distribution, dispensing, possession or use of a controlled substance by an Omaha Public School volunteer is strictly prohibited at any time or place whether on or off duty.

2. Any volunteer violating this prohibition will be subject to severe disciplinary action, up to and including termination of service.

3. As a condition of service, all volunteers must notify the assistant Superintendent for Human Resources of any conviction for violating federal or state criminal laws regarding controlled substances. Such notification must be made within five (5) days after such conviction.

4. As a condition of continued service, all volunteers must abide by the terms of the Position Statement.

5. All volunteers shall receive a copy of this Position Statement.

I have read and understand the above Position Statement.

______________________________  ______________________________
Date                              Applicant Signature
OCSFE Information Form

Contact Information
Name
Street Address
City ST ZIP Code
Home Phone
Work Phone
Cell Phone
E-Mail Address
Name of Organization Representing

Availability
During which hours are you available to read?
___ Weekday mornings
___ Weekday afternoons

How many days per month?

___ once a week
___ twice a month
___ once a month

Please indicate the elementary school at which you would prefer to read.

If you already reading in a school, please identify the school, and the grade level in which you are working.

Agreement and Signature
Name (printed)
Signature
Date

Our Policy
Omaha Public Schools does not discriminate on the basis of race, color, national origin, religion, sex, marital status, sexual orientation, disability, age, genetic information, citizenship status, or economic status in its programs, activities and employment and provides equal access to the Boy Scouts and other designated youth groups. The following individual has been designated to address inquiries regarding the non-discrimination policies: Superintendent of Schools, 3215 Cuming Street, Omaha, NE 68131 (531)299-9822.

Thank you for completing this application form and for your interest in volunteering to be a Reader.
Employer Release
If you need an official request sent to your employer from Omaha Public Schools to be released from work to participate in the Reader/Greeter program, please fill out the form below.

Contact Information
Name
Street Address
City ST ZIP Code
Home Phone
Work Phone
E-Mail Address

Employer Name/Title

Employer address/phone

(Address) ________________________________
(Phone) ________________________________

Mentoring Schedule/Location

(Attach Commitment Form)

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To Be Completed by School Administrator

Name of Volunteer ____________________________

Last _______ First _______ Middle _______

Please consider the following rating scale to define the level of activity contact for the volunteer.

Level I  Non-student contact volunteering. Volunteer will not have any direct contact with students. Example of Responsibilities: answering the phone, filling in the office area, etc.

Level II  Volunteer is always in a group setting with a certificated staff member present. Example: Room Parent, Library Aide, etc.

Level III Volunteer is working one on one with students in a public area or in the classroom. Certificated staff may or may not be present. Example: Mentoring or tutoring activities, etc.

Level IV Volunteer is working one on one with students without direct supervision of a Certificated staff member. District sponsored activity with students, which may be taking place either on or off district property. Example: Tutoring or Mentoring programs in co-sponsorship with OTOC, Church volunteer groups, etc.

Description of Activity ____________________________________________________________

_____________________________________________________________________________

_____________________________________________________________________________

_____________________________________________________________________________

Duration of Activity (Dates) Volunteer will be at location:

From: _______ To: _______

Beginning Date Ending Date

Please rate the level of the activity for this volunteer (using the rating table above) ___________________________

Date ___________________________ Principal/Administrator ___________________________