

VOLUNTEER/PARENT VOLUNTEER/STUDENT TEACHER APPLICATION

Please complete **all** necessary information. This application will be kept on file. It is to your advantage to periodically check to keep it current and active. Be sure to sign and date the application.

DATE AVAILABLE: _____

NAME _____	DATE: _____	
ADDRESS _____	APT. _____	
CITY _____	STATE _____	ZIP CODE _____
TELEPHONE: () _____	SOCIAL SECURITY NO. _____	
EMAIL ADDRESS: _____		

How did you hear about our school? _____

EDUCATIONAL RECORD (List all Schools, Colleges, Universities Attended)

NAME & LOCATION	FROM: Mo/ Yr.	TO: Mo/Yr	DID YOU GRADUATE?	DIPLOMA/ DEGREE	MAJOR

What prompted you to volunteer in our school?

What contribution do you think you can make to our program?

We often need people to assist us aside from those working directly with the children. Are you willing to work in any area of our school where needed? _____

Do you have a knowledge of Sign Language? _____ If yes, where did you take your courses?

What Level was your last Sign Language Class? _____ SCPI level (or ASLPI, etc) _____

What days would you be available? Please indicate the times you are available.

Monday _____ Tuesday _____ Wednesday _____

Thursday _____ Friday _____

In case of emergency, whom should we notify?			
NAME _____	RELATIONSHIP _____		
ADDRESS _____	TELEPHONE: () _____		
CITY _____	STATE _____	ZIP CODE _____	

PERSONAL/PROFESSIONAL REFERENCES (Not Relatives)

- List two professional and one personal reference

NAME	PHONE NUMBER	Email Address	YRS KNOWN/ In what capacity
Professional 1.			
Professional 2.			
Personal 3.			

Required: (Check all that apply)

- NYC Department of Investigation Fingerprinting (DOI) **FEE: \$127.00**
- Child Abuse & Maltreatment Certificate School Program Referral (**HS Students ONLY**)
- Universal Precautions Videos (2) State Central Register (SCR) Current Physical

Applicant's Signature

Date

Return completed application to: Christine Needham, Project Coordinator at **email:** cneedham@sjsdny.org, **Fax #** 718-792-6631

Thank you for your interest in St. Joseph's School for the Deaf. You will be contacted to set up an interview.

FOR OFFICIAL USE ONLY

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Interviewed By:	Date:
Documents Processed By:	Date:

(Revised: 10/13)