

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 |
|-----------------|------------------|--------------|----------------------|--------------------|-------|
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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)

Universal Precautions Videos (2) State Central Register (SCR) Current Physical

Applicant's Signature

Date

Return completed application to: Debra Arles, Executive Director at **email:** darles@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: 11/19)