## Request to Volunteer – Volunteers in Education



Thank you for your interest in supporting Virginia Beach City
Public Schools as a school volunteer. All volunteers should
complete this form and return it to the school where they wish to
volunteer or to the Office of Community Engagement.

If you are a parent, family member or community member, you may use the division's online volunteer system to search volunteer opportunities by school or level at <a href="https://www.vbschools.com/getconnected">www.vbschools.com/getconnected</a>. Once you find an opportunity that matches your interest and expertise, you may respond directly to the posting to sign up. You may also log your valuable volunteer service hours each time your volunteer at a school on this site. Should you have additional questions or need further assistance, please contact the school directly or the Office of Community Engagement at 263-1337.

Name				
Address				
City	State	Zip		
Phone Numbers (home or office	e)	(cell)		
Email				
Occupation/Employer (if applica	able)			
Special Interests/Talents/Hobbi	es			
Why are you interested in volur	teering with VBCPS?			
What day(s) of the week and tir	ne(s) of day are you available to	volunteer?		
staff, most volunteer opportunit		under the direct supervision of school hours. However, some opportunities evening events.		
		oing to make and organize hands-on, bulletin boards; planning/organizing for		
Check all volunteer interests:  At-Home Project Assistant  Classroom/School Speaker  STEM Assistant  Library Assistant  Office Assistant  Tutor (subjects)  Other	<ul> <li>Cafeteria Assistant</li> <li>Clinic Assistant</li> <li>Field Trip Chaperone</li> <li>Mentor (must complete</li> <li>Special Events</li> </ul>	e mentor application)		

Preferences (mark all that apply): ☐ Elem. School (K-5)	☐ Middle School (6-8)	☐ High School (9-12)
Preferred Schools		
Are you interested in information This program is for applicants 55 ye involvement of seniors and retired www.vbschools.com.	ears of age or older and is des	igned to encourage and recognize the
have never been convicted of a feld	ony offense or any offense invo opressly agree to notify Virginia	Public Schools, I do hereby certify that I olving the sexual molestation or physical Beach City Public Schools within 24
I further acknowledge that I have re School Board policies and Virginia		ol Volunteers and agree to adhere to all de of Ethics.
Volunteer Signature		Date:
Name of School/Department		
		_Date:
Print Staff/Facilitator's Name/Title _		
STAFF USE ONLY		
I have <b>verified</b> this volunteer again	st the Virginia State Police Sex	Offender Registry (Initials)

Please return this form to the school where you would like to volunteer OR send to:

Laura J. Smart, Partnership Coordinator
Office of Community Engagement
Virginia Beach City Public Schools: 2512 George Mason Drive: Virginia Beach, Virginia 23456
Phone 263-1337: Fax 263-1009: <a href="mailto:laura.smart@vbschools.com">laura.smart@vbschools.com</a>

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