



School Volunteer Application

Our goal at LA Promise Charter Middle School #1 is to ensure all our students, parents and guardians receive the best academically, emotionally and socially, and are inspired each day to be their best. *LA Promise Charter Middle School #1 will be your school – a place where parents are welcomed and given the tools needed to support their child's overall well-being and academic success.* We invite you to become a part of the LA Promise Charter Middle School #1 family. Thank you for taking the time to become part of the LA Promise Charter Middle School #1 team.

Please answer the following questions or inform us if you would like assistance filling out your volunteer application.

I am a: New Volunteer Returning Volunteer

Step #1-Personal Information:

First Name: _____ Middle Name: _____

Last Name: _____ Other Names: _____

Birthday (MM/DD/YYYY) _____ Gender: Male Female

Step #2-Contact Information:

Address: _____ City: _____

State: _____ Zip Code: _____

Home Phone #: _____ Cell Phone #: _____

Work Phone #: _____

Email Address: _____

I would like to receive email communications from LAPCMS #1: Yes No

I would like to receive text message communications from LAPCMS #1: Yes No

Step #3 - Parent/ Legal Guardians and Families:

I am a parent/legal guardian of a child at LAPCMS #1
 I am a community member or non-custodial family member
 Other type of volunteer, please specify: _____

Step #4- Emergency Contact:

Contact Name #1 _____
Phone #: _____ Relationship: _____

Contact Name #2 _____
Phone #: _____ Relationship: _____

Step #5-Student Information:

I have children attending this school: Yes No

Student First Name: _____ Last Name: _____
Birthday (MM/DD/YYYY) _____ Grade: _____

Student First Name: _____ Last Name: _____
Birthday (MM/DD/YYYY) _____ Grade: _____

Step #6- Criminal Background Check:

Have you ever been convicted of a crime involving children? Yes No

If yes, please explain: _____

Office Use Only

<input type="checkbox"/> Megan's Law Clearance	Date: _____	Initials: _____
<input type="checkbox"/> Fingerprint Check	Date: _____	Initials: _____
<input type="checkbox"/> TB Test	Date: _____	Initials: _____
<input type="checkbox"/> Principal's Approval	Date: _____	Initials: _____