

Volunteer Application



Volunteers In
 Providence Schools
 905 Westminster St.
 Providence, RI 02903
 401-274-3240
 Fax: 401-277-9090
 E-mail: vips@vips4kids.org
 Web page: vips4kids.org

... helping kids make the grade!

OFFICE USE		
Request # _____	Requestor # _____	Volunteer # _____
Volunteer Name _____		
Date Application Received _____		References Sent _____
Date References Received 1) _____		2) _____
Dates: Interview _____	Training _____	Placement _____
VIPS Interviewer _____		
Teacher/School _____		

1 Personal Information

Name _____	I am a: <input type="checkbox"/> College Student School: _____ Year of graduation: _____ Field of study _____ <input type="checkbox"/> High School Student School: _____ <input type="checkbox"/> Parent Child's School: _____ <input type="checkbox"/> Community Member Business Affiliation: _____ Other affiliation, if any: _____
Address _____	
City _____ State ____ Zip _____	
Phone: (home) _____ (office) _____	
Email: _____	
I have access to an insured automobile. Yes _____ No _____	
I am willing to take the bus. Yes _____ No _____	
Languages spoken (other than English) _____	
Can you volunteer regularly for 1 to 2 hours a week? Yes __ No __	
Social Security Number needed for mandatory police check Soc. Sec. No.: _____ - _____ - _____ Date of Birth (Month/Day/Year): ____ / ____ / ____ How did you hear of VIPS? _____	

2 Volunteer Status

<input type="checkbox"/> I am a returning VIPS volunteer*.	Would you like the same teacher? Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="checkbox"/> I am a new volunteer.
Previous placement School: _____ Teacher: _____	Would you like the same school? Yes <input type="checkbox"/> No <input type="checkbox"/> If no, in which school would you prefer to work? _____	
*A VIPS volunteer has been interviewed and trained by VIPS staff and has references on file.		

3 Which grade levels do you prefer?

ELEMENTARY SCHOOL

MIDDLE SCHOOL

HIGH SCHOOL

K-2

3-5

6-8

9-10

11-12

4 With which size group would you like to work?

1 on 1

3-5

6-10

Classroom

5 I would like to help in the following area(s):

Art

Math

Computer

English

ESL/Bilingual: _____

Music

Foreign Language: _____

Science

History/Social Studies

Homework (after-school)

Special Education

Reading

School Library Assistance

Physical Education

Coaching: Sport _____

Other : _____

6 I can work as a VIPS Volunteer any of these times:

Classroom Volunteers work in the schools between the hours of 8:30 AM and 2:30 PM. Most other VIPS Volunteers work at libraries and schools between 2:45 PM - 5:00 PM. **Please indicate all the times that are convenient for you, so that we can make an assignment that fits your schedule.**

Monday

Tuesday

Wednesday

Thursday

Friday

Saturday

AM						
PM						

7 References are required for all new VIPS Volunteers.

Please list two character references, persons you've known for at least two years (**no family members.**)

Name _____	Name _____
Address _____	Address _____
City _____ State _____ Zip _____	City _____ State _____ Zip _____
Phone _____ Relationship _____	Phone _____ Relationship _____

8 VIPS Administrative Volunteer - We always need extra help with fund raising, clerical work, mailings and special projects. Would you consider volunteering for these?

_____ YES, please contact me.

_____ NO