

Prince George's County Public Schools
 Division of Student Services – Department of Family and Community Outreach
 Volunteer Commitment and Fingerprinting Verification Form

Instructions: This form should only be completed by those applicants who are volunteering to work with students in an uncontrolled access capacity and who commit to volunteering a minimum of 40 hours each school year.

School:		Region:
Name of Volunteer:		DOB:
Address:		
Home Phone:	Work Phone:	
Cell Phone:	E-Mail:	

- Parent Child's Name _____ Grade: _____
- Guardian Child's Name _____ Grade: _____
- Organization Name of Organization _____
- Individual

Volunteer Capacity – (Check all that apply and include number of volunteer hours.)

<input type="checkbox"/> Field Trip Chaperone <i>(uncontrolled/unsupervised access)</i>	Hours:
<input type="checkbox"/> Parents Assisting Teachers Program <i>(uncontrolled/unsupervised access)</i>	Hours:
<input type="checkbox"/> Mentor Program (Name of Program) <i>(uncontrolled/unsupervised access)</i>	Hours:
<input type="checkbox"/> Tutor (without staff supervision) <i>(uncontrolled/unsupervised access)</i>	Hours:
<input type="checkbox"/> Extra-curricular Activity (Please Describe) <i>(uncontrolled/unsupervised access)</i>	Hours:
<input type="checkbox"/> Special Program/Event (Please Describe) <i>(uncontrolled/unsupervised access)</i>	Hours:
<input type="checkbox"/> Other (Please Describe) <i>(uncontrolled/unsupervised access)</i>	Hours:

Are you currently an employee of Prince George's County Public Schools?
 ____ NO ____ YES Where? _____

List all Prince George's County Public Schools where you plan to volunteer: _____

____ I commit to a minimum of 40 hours of volunteer service to Prince George's County Public Schools each year.

 (Signature of Volunteer) (Date)

Principal/Administrator/Coordinator Approval

Name: _____ Position: _____

Signature: _____ Date: _____

Distribution:

Original: Fingerprinting Office Yellow: School Green: Family and Community Outreach Pink: Applicant