

Welcome

Volunteer Registration Form



Please mail this registration to Volunteer Coordinator, PENCIL Foundation, 421 Great Circle Road, Nashville, TN 37228 or fax it to 615-254-6748. Questions? Contact PENCIL Foundation at 615-242-3167 or check www.pencilfoundation.org

Thank you for helping students in Nashville public schools!

Please print in ink.

Last Name _____ First Name _____ MI _____

Title (please circle) Mr. Mrs. Ms. Miss Dr. _____

Are you a college student? _____ College or University _____

Local Address _____ City _____ State _____ Zip _____

Home Phone _____ Work Phone _____ Email _____

Please contact me by (circle) Email _____ Work Phone _____ Home Phone _____

Company Name and Address _____

Other languages you speak _____

Please complete Section A if you're already volunteering in a school.
Please complete Section B if you would like for PENCIL to place you in a school.



SECTION A – Already Volunteering

What school/s are you helping? _____

What volunteer role have you chosen? **IMPORTANT:** Please review the accompanying list to select the correct category.



SECTION B – School Placement

I would like to volunteer on (circle) Monday Tuesday Wednesday Thursday Friday Saturday

Preferred location (school or area of town) _____

What volunteer role have you chosen? **IMPORTANT:** Please review the accompanying list to select the correct category.

For PENCIL use: BC:

Or:

Asg:

Prg:


PrinContact:


Volunteer Opportunities





Academics – Background Check Required

Volunteers meet during the school day with a student or small group of students to help them increase their academic performance. An hour-long training session is required.

 Reading tutors help an elementary or middle school student for 30 minutes per week for a minimum of 12 weeks. If you chose this opportunity, please write **“Reading Partner”** on your registration.


 Classroom Readers read one to four times per month for 30-45 minutes to a classroom of elementary students. Please write **“Classroom Reader”** and indicate the number of times per month.


 Math tutors help a group of up to four students for 45 minutes in grades 3-8 per week for minimum of eight weeks. Please write **“Math Partner”** on your registration.

 Some schools need tutors in other academic areas. Please write **“Other Academics”** and indicate your area of expertise.

Mentoring – Background Check Required

Volunteers meet during the school day with a student or small group of students to provide knowledge, skills, information and perspective as the youngsters encounter everyday challenges at school and home. An hour-long training session is required.

 Career Mentoring volunteers work with a small group of high school ninth-graders for one hour per week for a minimum of 12 weeks to discuss careers and personal development topics. Please write **“Career Mentor”** on your registration.

 Traditional Mentoring volunteers meet with an individual student in grades K-12 for 30-60 minutes per week for a minimum of 12 weeks. Please write **“Traditional Mentor”** on your registration.

Enrichment – Background Check May Be Required

Many volunteers share their professional or hobby skills by providing enrichment activities for students on an occasional or weekly basis during school or afterschool. The need for a background check varies; please check with the school principal. Please write **“Enrichment”** on your registration and specify your activity.

School Helper – Background Check May Be Required

Some volunteers want to provide general help in the school office, library or lunchroom. Other volunteers have already identified a unique position in consultation with a teacher or principal. The need for a background check varies; please check with the school principal. Please write **“School Helper”** on your registration and specify your activity.

Agency volunteers – Background Check May Be Required

Many Nashville nonprofit agencies provide volunteers for our schools. Please write **“Agency Volunteer”** and specify the organization and activity.

LP PENCIL Box – Background Check Not Required

LP PENCIL Box volunteers work at the school supply center at McCann Learning Center in West Nashville during the workweek or on selected Saturdays. Please write **“PENCIL Box”** on your registration.

Volunteer Authorization

BACKGROUND INVESTIGATION QUESTIONNAIRE



Last Name _____ **First Name** _____ **Middle** _____

Current Address _____

Date of Birth _____ **Social Security Number** _____

Please list other names/s used within the last seven years (e.g. maiden or other married names) and year/s of name change.

Please list your residential addresses for the past seven years (write on back if additional space is needed)

1. Street _____ **City** _____ **State** _____

From (month and year) _____ **Until (month and year)** _____

2. Street _____ **City** _____ **State** _____

From (month and year) _____ **Until (month and year)** _____

3. Street _____ **City** _____ **State** _____

From (month and year) _____ **Until (month and year)** _____

Have you been convicted of any criminal offense, either misdemeanor or felony, other than minor traffic violations in the last seven years? Yes No

Are you currently charged or under investigation for any violation of the law other than minor traffic violations? Yes No

Authorization and General Release

I hereby authorize PENCIL Foundation, any or all of its subsidiaries and affiliates and any employee or agent, including Fowlers' Profile Links, Inc., to request and receive any information and records concerning me, including but not limited to, criminal record history, and reports, from any individuals, corporations, partnerships, associations, institutions, schools, governmental agencies and departments, courts, law enforcement and licensing agencies, and other entities. I further release and discharge PENCIL Foundation and any or all of its subsidiaries and affiliates, and every employee or agent including Fowlers' Profile Links, Inc. and all individuals and personal, business, private or public entities of any kind, from any and all claims and liability arising out of any request(s) for, or receipt of, information or records pursuant to this authorization, or arising out of any compliance or attempted compliance, with such request(s). I understand that I have the right to make a written request within a reasonable period of time to Fowlers' Profile Links, Inc. for a complete and accurate disclosure of additional information concerning the nature and scope of the Investigation. I acknowledge that I have voluntarily provided the above information for **the purpose of qualifying as a volunteer for PENCIL Foundation**, and I have carefully read and I understand this authorization.

NOTICE: Fowlers' Profile Links, Inc. requests your Date of Birth solely for the purpose of verifying certain records that may be produced in connection with Fowlers' Profile Link's, Inc. background investigation. It is the policy of this facility to provide equal opportunity to persons regardless of race, religion, age, gender, disability or any other classification in accordance with federal, state and local statutes, regulations and ordinances.

Signature _____ **Date** _____