

Patchogue-Medford High School

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Continuing Education/Volunteers/Alumni Affairs
Patchogue-Medford Schools
Patchogue-Medford High School
Buffalo Avenue, Medford, NY 11763
(631) 758-1060
FAX (631) 289-8437
E-Mail: LEBERT@admin.Pat-Med.K12.NY.US

Dear School Volunteer Applicant:

RE: Requirements for Volunteer Services

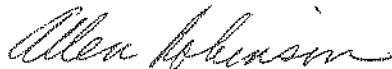
Thank you for your interest in becoming a Patchogue-Medford School volunteer. To become an active school volunteer the attached "*Application for Volunteer Service*" and three references must be completed and returned to your local school or the volunteer office in the high school. Written letters of reference or the attached reference request forms are acceptable.

A tuberculin test, aka PPD, must be completed by a certified physician. This tuberculin test will be done free of charge at the Patchogue-Medford Schools. Please call Nurse Virginia Spice at 758-1038 for an appointment or additional information. Should you prefer to have your personal physician administer the test, this is acceptable, at your own expense.

By adhering to this policy we are insuring that the students of the Patchogue-Medford School District are offered the opportunity to work with school volunteers with who you, as a parent, would wish your children associated.

Please contact our office at 758-1060 if you have any questions or concerns.

Sincerely,



Allen Robinson
Director



Louise Ebert
Program Manager

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Att.

OFFICE OF CONTINUING EDUCATION
ALUMNI AFFAIRS/VOLUNTEERS
PATCHOGUE-MEDFORD HIGH SCHOOL
Buffalo Avenue, Medford, New York 11763
(631) 758-1060

PATCHOGUE-MEDFORD SCHOOL VOLUNTEER APPLICATION

Name _____ Today's Date _____
Address _____ City _____ Zip _____
Telephone Number (Home) _____ (Work) _____
In case of emergency, please contact _____ at _____
Telephone Number _____

Please list any children attending the Patchogue-Medford School District:

Name: _____ Grade and School: _____
Name: _____ Grade and School: _____
Name: _____ Grade and School: _____

In what capacity would you like to volunteer? Check any area of interest.

- Tutor Grade Level: _____ Subject _____ Special Education _____
 General Classroom Assistant
 Library
 Office
 Father's Club
 English as Second Language
 Adult Literacy
 Other, please explain: _____

Please list three references:

Name: _____ Telephone _____
Name: _____ Telephone _____
Name: _____ Telephone _____

Do you have any handicaps which might interfere with your ability to perform your volunteer responsibilities? If yes, please explain. _____

Have you ever been convicted of a criminal offense in the this state or any other jurisdiction, other than minor traffic violations? No _____ Yes _____

I certify that all statements on this application are true and complete to the best of my knowledge. I understand false or incomplete statements shall be sufficient cause for disqualification regardless of when discovered.

All qualified applicants will receive consideration without regard to age, race, color, religion, marital status, sex, national origin, military status or handicaps.

Signature: _____ Date: _____

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*PATCHOGUE-MEDFORD SCHOOL VOLUNTEER
REFERENCE FORM*

Name of Volunteer _____ Date: _____

1. How long have you known this person? _____
2. In what capacity do you know this person?
Relative _____ Friend _____ Employer _____ Co-Worker _____ Neighbor _____
Other, please indicate: _____
3. Describe the applicant's personal characteristic, abilities and talents which you feel makes this individual suitable to work with students:

4. Provide information which may assist the Patchogue-Medford School District in considering this applicant for volunteer service:

5. Give a one word adjective to describe this person: _____

Name of person completing this form: _____ Telephone _____

Signature: _____

Please return this form to:
Office of School Volunteers
Patchogue-Medford High School
181 Buffalo Avenue, Medford NY 11763

Thank you.

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