REQUEST TO VOLUNTEER - Volunteers in Education

Thank you for your interest in supporting Virginia Beach City Public Schools as a school volunteer. All volunteers should complete this form and return it to the school where they wish to volunteer.



If you are a parent, family member or community member, you may use the division's online volunteer system to search volunteer opportunities by school or level at **www.vbschools.com/getconnected**. Once you find an opportunity that matches your interest and expertise, you may respond directly to the posting to sign up. You may also log on this site your valuable volunteer service hours each time you volunteer for a school. Should you have additional questions or need further assistance, please contact the school directly or the Office of Community Engagement (OCE) at 263-1337.

Name				
Address				
City	State	Zip		
Phone Numbers (home or office)	(cell)		
Email				
Occupation/Employer (if applic	able)			
Special Interests/Talents/Hobbie	s			
Why are you interested in volun	teering with VBCPS?			
What day(s) of the week and tin	ne(s) of day are you available to volunteer?			
		rvision and at the pleasure of school staff, most volung be available to volunteer in afterschool programs o		
	ist to assist at home (i.e., helping to make and or hulletin boards; planning/organizing for special o	rganize hands-on, interactive learning activities; events; etc.).		
Check all volunteer interests ☐ At-Home Project Assistan ☐ Cafeteria ☐ Career Education ☐ Clinic ☐ Classroom Speaker		☐ Library ☐ Mentor ☐ Office Assistant ☐ Special Events ☐ STEM		

Language

VIRGINIA BEACH CITY PUBLIC SCHOOLS



Tutor (subjects)		
Other		
Preferences (mark all that apply): ☐ Elementary School (K-5)	☐ Middle School (6-8)	☐ High School (9-12)
Please List Preferred Schools		
Are you 55 years or older? Yes If so, you are eligible to enroll in the God Office of Community Engagement for m	lden Circle Program. Please contact an	ny Virginia Beach public school or the Division's
convicted of a felony offense or any of agree to notify Virginia Beach City Puthat I will be required to check in at the	ffense involving the sexual molestation fiblic Schools within 24 hours of an a fible welcome desk inside the main en	Schools, I do hereby certify that I have never been on or physical or sexual abuse of a child. I also expressly arrest for any such criminal offense. I also understand trance of any school each time I volunteer as part of thools.com/visitorcheckin for more information.)
		artners in Education and understand that I volunteer at d policies and Virginia Beach City Public Schools Code
Volunteer Signature		Date:
OCE Staff to Complete: Name of School/Department		
Staff/Facilitator's Signature		Date:
Print Staff/Facilitator's Name/Title _		Date:
STAFF USE ONLY (Use for appli		,
I have <i>verified</i> this volunteer agains	t the Virginia State Police Sex Offen	der Registry (initials)

Please return this form to the school where you would like to volunteer. If you have not selected a school, please send to:

Betsy Scales, Administrative Office Associate
Office of Community Engagement
Virginia Beach City Public Schools • 2512 George Mason Drive • Virginia Beach, Virginia 23456
Phone 263-1337 • Fax 263-1009 • Betsy. Scales@vbschools.com