

VOLUNTEER SERVICES APPLICATION

Kansas State School for the Deaf
450 E. Park St., Olathe, KS 66061
913.210.8153 V
913.324.5865 VP
913.791.0557 FAX

School Mission: To ensure that all students we serve achieve their full potential in a language-rich environment.

(Type or print using black pen. Furnish ALL information requested on this application.)

NAME: _____ ADDRESS: _____
Last First Middle Street Apt. #

PHONE #: () _____
Area Code Number City State Zip Code

CELL PHONE #: () _____ AGE: _____
Area Code Number (needed for background check)

EMAIL ADDRESS: _____

Best way to contact me: _____ Date available to start: _____

ASL Skills

Please check the most accurate level of your **current** ASL Communication Skills:

- ☐ **NONE** – no experience with American Sign Language or with the Deaf Community – **please see Community Service Application**
- ☐ **BEGINNER** – two to three years or less on-going experience with American Sign Language and the Deaf Community – **please see Community Service Application**
- ☐ **CONVERSATIONAL** – four to seven years of on-going experience with American Sign Language and the Deaf Community – **continue with this application**
- ☐ **FLUENT** – seven or more years of on-going experience with American Sign Language and the Deaf Community – **continue with this application**

Please explain briefly what experience you have had working with the Deaf community and why you would like to volunteer at the Kansas School for the Deaf.

Availability

Are you available primarily during the school day?

From: 8am – 3pm? ☐ Yes ☐ No Monday-Friday? ☐ Yes ☐ No

Which of these can you commit to on a regular basis?

☐ Everyday ☐ 2 or 3 days a week ☐ Once a week ☐ A few hours a week

What specific days and hours are you available? _____

Are you available primarily in the evenings?

From: 3pm – 9pm? ☐ Yes ☐ No Sunday-Thursday? ☐ Yes ☐ No

Can you commit to any of the following on a regular basis?

☐ Every evening ☐ 2 or 3 days a week ☐ Once a week ☐ A few hours a day

What specific days and hours are you available? _____

Who referred you? _____
Name Agency (if applicable) Contact Number

Have you ever been convicted of a felony? ☐ Yes ☐ No

If yes, please explain: _____

Are you currently authorized to work in the United States? ☐ Yes ☐ No

(You must provide a copy of your Driver's License and Social Security Card)

In case of emergency, contact: _____
Name Relationship to you

Address City State Zip Code

Phone Text Email

I authorize investigation of all statements contained in this application. I understand that misrepresentation or omission of facts called for is CAUSE FOR DISMISSAL. Further, I understand and agree that my service is for no definite period and may be terminated at any time for good cause without any previous notice. I understand that I am required to abide by all rules and regulations of the Kansas School for the Deaf. I also understand that my application will be reviewed by the Volunteer Services Director and Volunteer Services Committee Members, and I will undergo an SRS, KBI, and Local Security Clearance. **PLEASE INCLUDE A COPY OF YOUR STATE ISSUED IDENTIFICATION AND YOUR SOCIAL SECURITY CARD.**

Signature Date

For office use only:

HR: _____

Level: _____

Verified: _____

Day_____ Library Greeter Office work Answer phones Athletics Theatre Cleaning and Inventory
Classroom Grounds (seasonal)_____

Night_____ Homework help Dorm activities Lifeguard (must be certified) Special Interest (specific skill
ie: soccer, sewing etc.)_____

Matched: _____

Age: _____

Background checks: _____