



Application for Volunteer-Instructor Services

Please print or type and complete this form.

Fax to 432-292-4849, or mail to

Shumla School

PO Box 627

Comstock, TX 78837

For questions, please call 432.292.4848 or E-mail info@shumla.org

Personal Information

Full Name (Dr., Mrs., Ms., Miss, Mr.) _____

Address _____

City, State, Zip _____

Home Phone (____) _____ - _____ Cell Phone (____) _____ - _____ Birth date _____

E-mail(s) _____

Experience

Education (last completed) _____ Occupation _____

Employer _____ Work Phone (____) _____ - _____

Special Certifications (i.e. CPR, Medical, etc.) _____

Community Affiliations (Clubs, Service Organizations, etc.): _____

Why do you want to volunteer at Shumla School?

What month(s) and day(s) are best for you to volunteer? (Circle all that apply)

Jan Feb March April May June July Aug Sept Oct Nov Dec
Monday Tuesday Wednesday Thursday Friday Saturday Sunday

Areas of interest at Shumla School

(Please circle all that apply and/or explain) Prehistory on the Pecos Pecos Experience
Field Methods in Rock Art Pecos River Kids Adventure Camps Pecos River Kids Day Camps

References

Please list two people (not related to you) whom we may contact for references.

Name _____ Telephone (____) _____ - _____

Name _____ Telephone (____) _____ - _____

Have you ever been convicted of a crime, other than minor traffic offenses? (Circle) **YES** **NO**

If YES, explain. (A conviction is not an automatic disqualification.) _____

Do you have a valid Driver's License? (Circle) **YES** **NO** **State** _____ **DL#** _____

Medical Information

Medical, Physician and emergency contact information are solely for emergency purposes and will only be used if deemed necessary and/or in the event of a perceived medical emergency.

Do you have any allergies, health, or physical condition that may restrict your activities?

(Circle) **YES** **NO** If YES, explain _____

Physician (Name) _____ **Phone** (____) _____ - _____

Emergency Contact (Name) _____ **Emergency Phone** (____) _____ - _____

IMPORTANT, PLEASE READ BEFORE SIGNING

As a condition of volunteering, I give permission for the Shumla School organization to conduct a background check on me, which may include a review of sex offender registries, child abuse and criminal history records. I understand that, if appointed, my position is conditional upon the School receiving no inappropriate information on my background. I hereby release and agree to hold harmless from liability the Shumla School, Friends of Shumla School, the officers, employees and volunteers thereof, or any other person or organization that may provide such information. I also understand that, regardless of previous appointments, Shumla School is not obligated to appoint me to a volunteer position. If appointed, I understand that, prior to the expiration of my term, I am subject to suspension by the Executive Director and removal by the Board of Directors for violation of Shumla School policies or principles.

NOTE: The Shumla School will not discriminate against any person on the basis of race, creed, color, national origin, marital status, gender, sexual orientation or disability.

I confirm that all the above information is correct.

I understand that I am applying for a position as an unpaid volunteer at Shumla School and that submission of this application does not guarantee placement in the Volunteer Program.

I realize that acceptance as a volunteer is based on the combination of my interests and talents and the needs of Shumla School. I realize that specific opportunities may not be available at a given time, but that my application will be held on file.

Volunteer signature _____ **Date** _____

If under 18 years of age, signature of parent or guardian _____ **Date** _____

Shumla School Office Use Only

Background check complete by _____ Date _____

System(s) used for background check (minimum of one must be checked)

_____ Sex Offender Registry
_____ Criminal History Records