

PARENT'S DONATED SERVICE TIME REQUIREMENTS

Beacon Christian School

WHAT ARE SERVICE HOURS?

Beacon Christian School requires each family to donate a minimum of 20 hours of donated service time to the school during the school year. This equates to 5 hours per quarter. The purpose of this is two-fold: one is to keep parents involved in their child's day, and the second is to help contain costs. Service hours means volunteering time in various ways to enrich our school.

Any family not able to serve their twenty hours will be charged an hourly rate of \$20/hour for the time not served at the conclusion of the school year.

HOW DO SERVICE HOURS HELP OUR SCHOOL, AND HOW DO THEY HELP ME?

Volunteer work at the school is a win-win situation for us all. The school benefits by getting projects completed, the students benefit by your influence and skills, and you benefit by the blessing you receive for your efforts.

WHERE DO WE KEEP TRACK OF THE HOURS I WORK?

A Service Hours Notebook will be kept in the school office. The notebook is separated alphabetically by last name. Just find your name, and fill in your service hours time once you have completed a task as a volunteer. Remember, 20 hours minimum is the requirement. It is as easy as that!

SERVICE HOURS IDEAS

A list of some ideas of how you can donate volunteer service time appears on the back of this page.

BEACON BOOSTER VOLUNTEER PROGRAM FORM

Please complete the *Beacon Booster Volunteer Program* form on the back of this page by circling any areas you could help with at school this coming school year. Volunteers coming in direct contact with students will be required to complete a Volunteer Background Screening Packet before they will be considered for help

*Please keep this page for your records.
Complete the front and back of the next page.*

Beacon Booster Volunteer Program

Please complete this form by circling any areas you could help with at school this coming school year. Please write which classrooms (by grade levels) you are willing to help in, if it applies) after the item. Volunteers coming in direct contact with students will be required to complete a Volunteer Background Screening Packet before they will be considered for help.

Volunteer's Name: _____

Classroom helper: Kindergarten Grades 1-3 Grades 4-6 Grades 7-9

- Eighth Grade Sponsor
- Classroom Room Parent (Helps arrange classroom field trips, classroom parties, etc.)
- Grading papers for teachers
- Preparatory work for projects for classrooms
- Bulletin Board Director – Decorates the bulletin board in the main entryway
- Phone calls to save the administrative assistant time
- Lawn care: weeding, mowing, fertilizing, planting
- Driving and chaperoning field trips
- Tutoring in the classroom
- Teachers aide
- Substituting for teachers who are ill or have appointments
- Recess Supervisor
- Repair or maintenance work at the school; school improvement projects
- Public Relations work, calls for ads to the community (newspaper, television, etc.)
- Creating bulletin board displays
- Helping with the Home and School Association (set-up, clean-up, phone calls, etc.)
- Helping prepare Hot Lunch (We need 5-10 helpers to make a once-a-week hot lunch program operate)
- Field Trip Driver
- Outdoor School Chaperone / Outdoor School Driver (Helps transport 5th-6th graders to Outdoor School)
- Office work
- Art Projects for classrooms
- Helping to produce the school yearbook
- Career day sharing or teaching a class in your area of expertise
- Janitorial work
- Maintenance work
- Fundraising Coordinator / Fundraising Assistant
- Box Tops for School Coordinator
- Librarian Volunteer
- Volunteer Specialist -- Example: art, music, cooking, computers, reading to small groups, listening to reading groups, science, etc. Please describe specialty.
- School Programs Helper (helps to organize and set up for programs, such as school Christmas program, science fair))
- Teachers have great suggestions for you! Please call them!

Other Areas of Help:

Turn over and continue

Section II – Related Experience:

Please list examples of related experience:

<u>Type of experience</u>	<u>Organization</u>	<u>Date of Service</u>
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

Section III – References:

Please list below three individuals (excluding immediate family members) who know you well enough to recommend you.

<u>Name</u>	<u>Mailing Address</u>	<u>City, State, Zip Code</u>
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

Section IV – Unlawful Conduct:

Yes No Have you been convicted, pled guilty, or pled nolo contendere involving child abuse or sexual abuse? If yes, please explain and (if possible) give the name and address of a reference/professional who can verify that you are now suitable for performing in a leadership position involving children.

_____ _____
Date Place

Type of Conduct

Reference name, mailing address, and phone number

Section V – Statement of Accuracy:

The information contained in this form is accurate.

Applicant's signature _____
Date