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Patchogue-Medford Schools

Michael H. Mostow, Superintendent of Schools
Administrative Center
241 South Ocean Avenue
Patchogue, New York 11772

(631) 687-6371
FAX (631) 687-6379



Dear School Volunteer Applicant:

RE: Requirements for Volunteer Service

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 (3) references must be completed and returned to the Office of Community Affairs at 241 South Ocean Avenue, Patchogue, NY 11772.

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 Diane O'Connell at South Ocean Middle School at 687-6610 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 whom you, as a parent, would wish your children associated.

Please contact the Office of Community Affairs at 687-6371, if you have any questions or concerns.

Sincerely,

A handwritten signature in black ink, appearing to read 'Fred McKenna', written over a horizontal line.

Fred McKenna
Administrator for Instructional Services

FM:dp
Attachment



OFFICE OF COMMUNITY AFFAIRS
Administrative Center
241 South Ocean Avenue
Patchogue, NY 11772
(631) 687-6371

PATCHOGUE-MEDFORD SCHOOLS VOLUNTEER APPLICATION

Name _____ Today's Date _____

Address _____ City _____ Zip _____

Home phone number _____ Cell _____ Work _____

In case of emergency, please contact _____ at _____

Telephone Number _____ E-Mail Address _____

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 a Second Language
- Adult Literacy
- Other, please explain _____

Please list three (3) references:

Name: _____ Telephone _____

Name: _____ Telephone _____

Name: _____ Telephone _____

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

I certify that all the 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 _____

Name of school where you will be volunteering _____

For use by registered nurse only

PPD TEST DATE _____ **RESULTS** _____



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 Administrative Center
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**PATCHOGUE-MEDFORD SCHOOLS 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 _____

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 _____

Relationship to Applicant _____

Signature: _____ Date _____

Please return this form to:
OFFICE OF COMMUNITY AFFAIRS
 Administrative Center
 241 South Ocean Avenue
 Patchogue, NY 11772
 (631) 687-6371
 Thank you.



OFFICE OF COMMUNITY AFFAIRS

Administrative Center
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Patchogue, NY 11772
(631) 687-6371

**PATCHOGUE-MEDFORD SCHOOLS VOLUNTEER
REFERENCE FORM**

Name of Volunteer _____ Date _____

6. How long have you known this person? _____

7. In what capacity do you know this person?

Relative _____ Friend _____ Employer _____ Co-worker _____ Neighbor _____

8. Describe the applicant's personal characteristic, abilities and talents which you feel makes this individual suitable to work with students:

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

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

Name of person completing this form: _____ Telephone _____

Relationship to Applicant _____

Signature: _____ Date _____

Please return this form to:

OFFICE OF COMMUNITY AFFAIRS

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Patchogue, NY 11772
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Thank you.



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**PATCHOGUE-MEDFORD SCHOOLS VOLUNTEER
REFERENCE FORM**

Name of Volunteer _____ Date _____

11. How long have you known this person? _____
12. In what capacity do you know this person?
Relative _____ Friend _____ Employer _____ Co-worker _____ Neighbor _____
13. Describe the applicant's personal characteristic, abilities and talents which you feel makes this individual suitable to work with students:

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

15. Give a one word adjective to describe this person: _____
- Name of person completing this form: _____ Telephone _____
- Relationship to Applicant _____

Signature: _____ Date _____

Please return this form to:

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Patchogue, NY 11772
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Thank you.