

Arlington Independent School District
OUTSIDE SERVICE PROVIDER APPLICATION

If you have Arlington ISD school-age children and plan on volunteering, please list all of the schools where you will be volunteering:

Student's Name _____ Grade _____ School _____

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Please print legibly. All information on the front and back of the application must be provided.
Incomplete applications will be destroyed at the end of the school year.

Preferred Name: _____

Mailing Address: _____

Street

City/State

Zip Code

Email Address: _____

Home Telephone Number: _____

Cell Telephone Number: _____

If Applicable, AISD Contact Name/School: _____

Business Contact Information:

Name of Business: _____

Contact Name: _____

Telephone Number: _____

Mailing Address: _____

CODE OF ETHICS

- I realize as an outside service provider for Arlington ISD, I can help a student to attain his/her maximum educational potential as well as help and encourage all aspects of student growth.
- I will be responsible for arriving on time and be regular and consistent in attendance.
- I will encourage positive attitudes through sincere praise.
- I will be sensitive to procedures and student needs.
- I will be flexible in working with new ideas and materials.
- I agree to keep student information confidential. I will have respect for the confidential nature of school records, assignments and relationships between staff members and students.

