

SALMON RIVER JOINT SCHOOL DISTRICT NO. 243

VOLUNTEER APPLICATION

Thank you for your interest in serving as a school volunteer. The application procedure helps us to provide the safest environment for our students. Prior to completing the volunteer application it is required that you read the District's policy regarding volunteers. A criminal history/fingerprint check will be obtained. The school's volunteer coordinator will contact you upon the application process being completed.

Personal Information:

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

City of Birth: \_\_\_\_\_

State of Birth: \_\_\_\_\_

Gender: \_\_\_\_\_

Race: \_\_\_\_\_

Home Phone: (208) \_\_\_\_\_

Business Phone: (208) \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

School Selection:

1. List all schools where you will volunteer:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. If you have children attending those schools, list the child's name, grade and school:

Child's First & Last Name: \_\_\_\_\_

School Child Attends: \_\_\_\_\_

Grade: \_\_\_\_\_

Child's First & Last Name: \_\_\_\_\_  
School Child Attends: \_\_\_\_\_  
Grade: \_\_\_\_\_

Child's First & Last Name: \_\_\_\_\_  
School Child Attends: \_\_\_\_\_  
Grade: \_\_\_\_\_

Volunteer Availability:

I am available at the following times:

	Morning	Afternoon
Monday	<input type="checkbox"/>	<input type="checkbox"/>
Tuesday	<input type="checkbox"/>	<input type="checkbox"/>
Wednesday	<input type="checkbox"/>	<input type="checkbox"/>
Thursday	<input type="checkbox"/>	<input type="checkbox"/>
Friday	<input type="checkbox"/>	<input type="checkbox"/>

Education Information:

Provide highest level of education completed: \_\_\_\_\_

Employment Information:

Current Employer: \_\_\_\_\_  
Address: \_\_\_\_\_  
Position: \_\_\_\_\_  
Years with Employer: \_\_\_\_\_

Past Volunteer Experience:

Name of Organization: \_\_\_\_\_  
Contact Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Can we contact Supervisor? Yes  No   
Name of Supervisor & Supervisor's Position: \_\_\_\_\_  
Phone Number: \_\_\_\_\_  
When did you volunteer? From: \_\_\_\_\_ To: \_\_\_\_\_

References:

List two references who have known you for at least one year and are not related to you. Please notify your references to expect us to contact them.

Name # 1:	_____	Name # 2:	_____
Phone:	_____	Phone:	_____
Relationship:	_____	Relationship:	_____
Email:	_____	Email:	_____

Background Security Information:

To safeguard the children we serve, \_\_\_\_\_ School District screens volunteer applicants. All information is confidential and will not be shared.

Yes  No  I will cooperate with the \_\_\_\_\_ School District in obtaining fingerprint background check.

Yes  No  Have you ever been convicted of a felony? If yes, explain:  
\_\_\_\_\_  
\_\_\_\_\_

Yes  No  Have you ever committed any criminal offenses against a minor?

Yes  No  Have you ever been arrested, found guilty, entered a plea of no contest or had adjudication withheld in a criminal offense other than a minor traffic violation?

Statement of Understanding & Signature (Required):

I have read the district's policy and procedure regarding volunteers. I fully understand the policy and procedure and agree to abide by them.

I affirm that all of my responses are true, complete and correct to the best of my knowledge and are made in good faith. In addition, I certify that I have reviewed the above criminal history information and responded truthfully. I understand that all involvement with students is restricted to approved school activities. In exchange for the benefit I receive from being allowed to volunteer within the school district I agree to indemnify \_\_\_\_\_ School District from any and all responsibility of liability that they may incur as a result of volunteering my services to the district.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Name Printed

\_\_\_\_\_  
Date

Form History:

Adopted on: August 17, 2009

Revised on: