

ONTEORA CENTRAL SCHOOL DISTRICT
BOICEVILLE, NY 12412

“Excellence in Education”
Volunteer Application

Volunteering for: _____ Level: _____
(Ex: presenter, classroom helper, etc.) (Ex: elementary, middle, high school)

Personal Information

(Please provide photo identification with application.)

Name: _____
Last First Middle

Mailing Address: _____

Residence Address: _____

Telephone Number: _____

In case of emergency, contact:
name: _____ relationship: _____ phone: _____

Are you a parent, guardian or caretaker for a child in the Onteora Central School District? yes no

If yes, please list student/teacher name(s):

If you do not have a child currently enrolled in an Onteora school, are you volunteering as part of a community organization or business member? yes no

If yes, please list name of organization:

Have you ever been fingerprinted to work or volunteer in a school district? yes no

Reminder: you must always disclose criminal information.

Have you ever been convicted or arrested for a criminal offense or pled guilty or nolo contendere for a criminal offense other than a minor traffic violation? yes no

Have you ever been arrested for a drug or sexual related offense or an act of violence? yes no

Have you ever been reported for child abuse/sexual activities involving a student or minor or had charges filed against you by a school district, state/county agency, police or court? yes no

Are there any criminal charges or proceedings pending against you? yes no

If yes to any of the above, please explain the type(s) of offense(s), location(s) and date(s) in the space below. Attach an additional sheet if necessary.

_____ Note: Any applicant on an active “Wanted List” (registered sex offender, terrorist list, etc.) **WILL NOT BE ALLOWED TO VOLUNTEER AT ONTEORA CENTRAL SCHOOL DISTRICT.**

Please complete the back of this application →

Related Experience

Dates	Name of Agency	Nature of Experience	Total Years	Reference/Phone #

Optional Statement/Additional Information

Please read carefully before signing:

Volunteers must be supervised by a teacher or administrator while working with students. Volunteers working with students over 30 hours need to be fingerprinted as per New York State regulations.

I affirm that all the information I have provided in this application is true and complete to the best of my knowledge. I understand that Onteora Central School District reserves the right to verify all information on this application form and that any false statements or failure to disclose information may be sufficient to disqualify me as a volunteer. I hereby authorize OCSD to obtain information relating to my current and/or previous employment, education, and personal history records.

Signature

Date

VOLUNTEER POLICY # 3160:

The Board recognizes the need to develop a school volunteer program to support District instructional programs and extracurricular activities. The purpose of the volunteer program will be to:

- a) Assist employees in providing more individualization and enrichment of instruction;
- b) Build an understanding of school programs among interested citizens, thus stimulating widespread involvement in a total educational process;
- c) Strengthen school/community relations through positive participation. Volunteers are persons who are willing to donate their time and energies to assist Principals, teachers, and other school personnel in implementing various phases of school programs. Volunteers shall serve in that capacity without compensation or employee benefits except for liability protection under the District's insurance program. An application shall be filled out by each prospective volunteer and forwarded to the District Office for evaluation. The Building Principal will forward his/her decisions concerning selection, placement and replacement of volunteers to the Superintendent for final evaluation. Following approval from the Superintendent of Schools, volunteers selected for work in the District shall be placed on the list of approved volunteers. However, the Superintendent retains the right to approve or reject any volunteer applications submitted for consideration. Administrative regulations will be developed to implement the terms of this policy.

OFFICIAL USE ONLY:

Date: _____

Picture ID Check: _____

Notes:

Approved: _____

Not Approved: _____

Signature: _____

Principal's Name

Date: _____

Signature: _____

Superintendent's Name

Date: _____