

## SCHOOL VOLUNTEER APPLICATION

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

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

Address (City, State, Zip): \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Notify in Emergency: \_\_\_\_\_

Emergency Contact Phone: \_\_\_\_\_

Previous Volunteer Experience: \_\_\_\_\_

Skills and Interests: \_\_\_\_\_

Foreign Language: \_\_\_\_\_

Physical Limitations: \_\_\_\_\_

School(s) in which you prefer to volunteer?: \_\_\_\_\_

Have you ever been convicted or had adjudication withheld in a criminal offense other than a minor traffic violation, or are there any criminal charges now pending against you?: \_\_\_\_\_

Has the Department of Social Services Children's Division, or a similar agency, ever issued a determination or finding that you have engaged in abuse or neglect of a child? \_\_\_\_\_

As a volunteer, I have reviewed and agree to abide by the policies of the St. Joseph School District and all applicable laws, including, but not limited to, applicable provisions of the Family Educational Rights and Privacy Act, 20 U.S.C. § 1232(g) ("FERPA"). I also certify that the above information is correct. I further understand that if I may periodically be left alone with any District student that I am required to successfully complete a criminal background check to the satisfaction of the District before serving as a volunteer.

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Volunteer Signature

Date

This application should be turned into the school(s) you are volunteering in. Volunteers will need to fill a new one out each school year.