



**Creighton School District No. 14
Volunteer Application**

Date: _____

Parent Step-parent Legal Guardian Grandparent Community Volunteer

First Name _____ **Last Name** _____

Address _____ **City** _____ **State** _____ **Zip Code** _____

Telephone _____ **Mobile Phone** _____ **Email Address** _____

Do you have any children attending our schools? Yes No

If yes, please list child's name, school & teacher's name _____

Please select the school that you are interested in volunteering:

- Biltmore Preparatory Academy Excelencia Gateway Papago Monte Vista
 The Creighton Academy L.C. Kennedy Loma Linda W.T. Machan

Day(s) and time(s) in which you are available:

- Monday AM Tuesday AM Wednesday AM Thursday AM Friday AM
 Monday PM Tuesday PM Wednesday PM Thursday PM Friday PM

Please check your preferences for volunteer areas / activities:

- Library Health Office Front Office CEOS Interpreter Teacher Support - please specify grade K 1-3 4-6 7-8

Which languages do you speak fluently? _____

Emergency contact information:

Name _____ **Relationship** _____ **Phone Number** _____

Because of the tremendous responsibility Creighton School District has to its school children and community, the following information is required from all community volunteers regarding convictions. Please read and answer the following questions carefully.

- Have you ever been convicted of a sex crime? Yes No
- Have you ever been convicted of a dangerous crime against children or are awaiting trial of a dangerous crime against children as defined in ARS 13.604.01**? Yes No

**Crimes defined as second degree murder, aggravated assault, sexual assault of a child, sexual conduct with a minor, sexual exploitation of a minor, child abuse, kidnapping and sexual abuse.

An Arizona Fingerprint or Fingerprint Clearance Card is required for **volunteers who do not have children currently enrolled in Creighton School District**. Please present your AZ Standard Fingerprint Clearance Card with this application to be copied and attached. *Any cost associated with obtaining the Arizona Fingerprint or Fingerprint Clearance card is the responsibility of the volunteer.*

Please Provide Three (3) Personal References

Name	Phone	Email
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Name	Phone	Email
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Name	Phone	Email
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I certify that my information in this application is true, accurate and complete.

Print Name & Signature	Date
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Volunteer Agreement

I have received a copy the Creighton School District Handbook. I _____ understand by signing this document, that I have read and completely understand the contents of the Handbook. I accept and agree to the terms of a volunteer position for this school year with Creighton School District as described in the Creighton School District Volunteer Program Handbook. I have the responsibility to contact the Community Education & Outreach Specialist -CEOS at any time if there are any changes to my information from my original application. I understand that I have the right to terminate my volunteer position at any time and the Creighton School district has a similar right.

Volunteer's Signature	Volunteer's Printed Name	Date
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CEOS's Signature	CEOS's Printed Name	Date
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Thank you for your interest in volunteering in Creighton School District.

Steps to becoming a Volunteer with the Creighton School District

1. Obtain application, volunteer agreement, and Volunteer Emergency Information Card from the district website, Community Education & Outreach office, or Community Education & Outreach Specialist at the school site.
2. Obtain an Arizona Fingerprint Card.
3. Meet with Community Education & Outreach Specialist at the school site to discuss opportunities for volunteering and reviewing completed documents.
4. Attend a "Welcome Orientation" to be scheduled by the Community Education & Outreach Specialist at the school site.

For official use only

_____ AZ Fingerprint or Fingerprint Card copied and attached employee name and date: _____

_____ 3 References Verified employee name and date: _____