

**PHELPS-CLIFTON SPRINGS CENTRAL SCHOOL DISTRICT
VOLUNTEER APPLICATION**

Mail to:

Phelps-Clifton Springs CSD
District Office
1490 State Route 488
Clifton Springs, NY 14432
(Phone) 315-548-6420
(Fax) 315-548-6439

___ Chaperone

___ Classroom Volunteer

___ Other: _____

Personal Information

Date of Birth: _____

Name: _____
Last First Middle

Address: _____

Telephone number: _____ Driver's License: _____

Description of Volunteer Duties

Position Desired: _____ Date(s) of Service/Availability: _____

Have you filed an application to volunteer with us before? Yes ___ No ___ If yes, give date: _____

Are you currently employed? Yes ___ No ___ If yes, may we contact your present employer? Yes ___ No ___

If yes, please provide a name and phone number for us to contact: _____

Medical Record

Do you have any impairments, physical, mental, or medical, which would prevent you from performing in a reasonable manner the activities involved in the volunteer position for which you are applying? Yes ___ No ___

If yes, please explain: _____

Emergency Contact Information

In case of emergency, please notify:

Name	Address	Phone Number

Background

Have you ever been convicted of a crime (other than a minor traffic offense or violation)? ___Yes ___No

If yes, please explain: _____

Name: _____

Date: _____

Background Continued

Have you ever been the subject of an "indicated report" filed with the statewide register of child abuse and maltreatment? _____ Yes _____ No

If yes, please explain: _____

Have you ever been the subject of or the respondent in a child protective proceeding where the court issued a finding of abuse and/or neglect of a child? _____ Yes _____ No

If yes, please explain: _____

References

Please give the names of three persons not related to you, whom you have known at least five years. These individuals should be able to comment knowledgeably about your character.

Name	Address	Phone Number	Business	Years Acquainted

I certify that all statements made by me on this application are true and complete. I understand that any false or misleading statements made by me will be considered justification for disqualification of my application or termination of volunteer status.

Applicant's Signature _____ Date _____

DO NOT WRITE BELOW THIS LINE – OFFICE USE ONLY

Reviewed by: _____ Date: _____

Remarks: _____
