

NOTUS SCHOOL DISTRICT NO. 135

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: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

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

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

Home Phone: \_\_\_\_\_ Business Phone: \_\_\_\_\_

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? (Circle one)      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, Notus School District screens volunteer applicants. All information is confidential and will not be shared. (Circle one for each statement/question)

Yes      No      I will cooperate with the Notus 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 Notus School District I agree to indemnify Notus 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