

Thompson Falls Public Schools Volunteer Application

Please PRINT or TYPE the following information and return it to:

**Thompson Falls Public Schools
School Volunteer Program**

Fingerprint and Background
check mailed on: _____
completed on: _____

Circle one: Mr. Mrs. Ms.

First Name _____ Last Name _____

Mailing Address _____

City _____ Zip _____ Phone _____

In case of emergency, call: _____

Phone: _____

I would prefer to work with (circle one or any): K 1 2 3 4 5 6 7 8 9-12

My special talents/interests are:

References: List two persons not related to you who have definite knowledge of your skills and character.

Name: _____ Phone: _____

Mailing Address: _____

Name: _____ Phone: _____

Mailing Address: _____

Please answer the following questions:

1. Do you have the legal right to work in the United States?

_____ Yes _____ No

2. Are you able with or without reasonable accommodation to perform the functions of the job for which you are applying?

_____ Yes _____ No

3. Have you ever been released or discharged from employment or resigned to avoid such release or discharge?

_____ Yes _____ No

If yes, please explain. Include the date of discharge or resignation and the reason for discharge or resignation.

4. Have you ever been subject to an investigation by the Department of Public Health and Human Services or any other state agency that resulted in a substantiated finding of child abuse or neglect?

_____ Yes _____ No

If yes, please explain the circumstances, including the dates and relevant facts.

5. Have you ever been convicted of, been adjudicated or plead guilty to any violation of criminal law, including criminal convictions resulting from a deferred imposition of sentence or a plea of nolo contendere/no contest, except minor traffic offenses. Please include all convictions that are subject to expungement pursuant to plea agreements.

_____ Yes _____ No

If yes, please attach and sign a complete description of the circumstances surrounding such conviction. (This may not disqualify a person from consideration from volunteering.)

I agree to become familiar with and follow all Thompson Falls Public Schools policies and procedures.

Signature

Date

