

Combs

J.O. Combs Unified School District

Learning Today, Leading Tomorrow

Welcome Volunteer:

Thank you for your interest in volunteering in the J.O. Combs Unified School District. We invite and encourage parents, guardians and community members who wish to share their valuable time with our students to become a volunteer. You can help make a difference in the education of our children – the future of our community.

Volunteer involvement may include working in the classroom with students, helping with Parent Teacher Organization sponsored activities, serving as library assistants, chaperoning field trips, guest speaking, or serving as the extra pair of hands that help extend the staff's time by copying, making materials or working on any one of a variety of classroom projects.

Because student safety is of great importance, all volunteers are subject to reference and background screening by the District. These security checks are dependent upon the type and frequency of volunteer activity. Generally, the guidelines below will be applied, but may be modified to meet the needs of the individual campus or activity:

1. **Parents or Guardians** who wish to volunteer in their child's classroom with the teacher's supervision or a volunteer that will not have student contact
 - a. Volunteer application, reference checks, affidavit concerning criminal history (pg 2-4)
 - b. Current fingerprint clearance (front and back)
 - c. Current Driver's License (front and back)
2. **Parents or Guardians** who wish to volunteer on their child's off campus field trip, supervising small groups of students (this includes coaches and overnight field trip chaperones')
 - a. Volunteer application, reference checks, affidavit concerning criminal history
 - b. Current fingerprint clearance (front and back)
 - c. Current Driver's License (front and back)
3. **Community members** who wish to volunteer that will be working without teacher supervision, or community members that do not have a child in the classroom. This includes coaches and overnight trip chaperones'.
 - a. Volunteer application, reference checks, affidavit concerning criminal history (pg 2-4)
 - b. Current fingerprint clearance (front and back)
 - c. Current Driver's License (front and back)

Next Steps:

1. Please submit the completed Volunteer Application to the site where you would like to volunteer. The Administrative Assistant at the school site may notarize your criminal history disclaimer.
2. If applicable, the Human Resources department at the District Office will then contact you to schedule your fingerprinting. Please bring a state issued photo ID with you.
3. Once your application is cleared, it will be returned to the school site and they will contact you. A new application must be submitted every 4 years for active volunteers.

Thank you again for your interest in serving out district.

J.O. COMBS UNIFIED SCHOOL DISTRICT #44 – Volunteer Application

Human Resources Department * 43371 N Kenworthy Rd * San Tan Valley, AZ 85140
Phone 480-987-5300 Fax 480-987-3487 Web www.jocombs.org

Please complete all the information on this application. Please print clearly. Today's Date _____

Last Name _____ First Name _____ M.I. _____

Physical Address _____ Unit # _____

City, State, Zip _____

Cell Phone (_____) _____ Home Phone (_____) _____

Email Address _____

Person to notify in case of an emergency: Name: _____ Phone (_____) _____

Driver's License # _____ State AZ Social Security Number _____ - _____ - _____

Do you have a DPS Fingerprint Clearance Card? Yes No If Yes, Expiration date _____

Card # _____

Days available _____ Times available _____

Desired School _____ Desired Teacher (if applicable) _____

Where would you prefer to volunteer? (Check all that apply.)

Elementary School

Grade K-3 Specials (Library, PE, Tech, Music.)

Grade 4-6 Special Ed

Other _____

Middle School (Grade 6-8)

English Science Math

Social Studies Spanish Specials

Special Ed Other _____

High School

Math English History Foreign Language

Electives: _____

Science Special Ed Other: _____

Do you have a child/children who attend(s) school in this district? Yes No

If yes, which school? _____ Grade/Teacher _____

Volunteers play an integral role in the education process. We want to ensure a positive and enriching experience for you and for the students whose lives you will touch. Please write a brief paragraph telling us why you are interested in becoming a Volunteer for the J.O. Combs Unified School District. (Attach a separate sheet if necessary.)

REFERENCES

Please provide three references. *Do not include relatives.* To expedite the process please let the people listed below know that a representative of the J.O. Combs Unified School District may be calling.

Name		Known for (Years/Months)
Complete Address		
City, State, Zip		
Home Phone (include area code)	Work Phone (include area code)	Cell Phone (include area code)
Nature of Relationship (Circle all that apply) Business, Personal, Coworker, Previous Supervisor, Cooperating Teacher, Mentor Teacher, Other – please specify nature of relationship.		

Name		Known for (Years/Months)
Complete Address		
City, State, Zip		
Home Phone (include area code)	Work Phone (include area code)	Cell Phone (include area code)
Nature of Relationship (Circle all that apply) Business, Personal, Coworker, Previous Supervisor, Cooperating Teacher, Mentor Teacher, Other – please specify nature of relationship.		

Name		Known for (Years/Months)
Complete Address		
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Home Phone (include area code)	Work Phone (include area code)	Cell Phone (include area code)
Nature of Relationship (Circle all that apply) Business, Personal, Coworker, Previous Supervisor, Cooperating Teacher, Mentor Teacher, Other – please specify nature of relationship.		

UNDERSTANDING AND AUTHORIZATION

My signature below indicates:

1. I certify that all statements made in this application are true and I agree and understand that any misstatement or omission of material facts (whether deliberate or accidental) will cause forfeiture on my part of eligibility of volunteering or employment with the J.O. Combs Unified School District.
2. I understand that the District will conduct a comprehensive background check and I authorize a District representative to conduct a reference check.
3. I authorize the J.O. Combs Unified School District to independently verify all information I have given on this application.
4. I understand that if I refuse to cooperate or be fingerprinted (if required), or if I am found to have falsified or omitted information on this application, or if the background check provides information that I am unfit to work with children, I may not continue as a volunteer of the District.
5. I understand that all student records are confidential and agree not to divulge student information to any party without a specific need to know.
6. I understand and agree I will not have contact with students without direct oversight by an approved J.O. Combs District staff member.

Volunteer Signature

Date

To all Applicants, Volunteers and Employees of
J.O. Combs Unified School District #44

The State of Arizona requires all employees and volunteers of school districts in the state to be fingerprinted, to sign an affidavit concerning criminal history and to have previous employers and/or references contacted. (Refer to Arizona Revised Statutes 15-512 and 15-534.) Any additional information you wish to include must be attached to the application at the time it is submitted.

Instructions: Please answer all the questions and return this signed, dated and notarized form to Human Resources.

NOTE: If submitting an application electronically, you will be required to send a notarized original of this page to the District Office.

Print Name

Position

Signature

Date

I swear or affirm that the foregoing information completed by me, or submitted by me for employment or volunteer purposes, is true and correct to the best of my knowledge. Furthermore, should any part or all of the information herein provided prove to be false, I recognize that it shall be just cause for suspension, termination or any other disciplinary action against me by the J.O. Combs Unified School District.

Have you ever been arrested for any offense for which you were fingerprinted? Yes No

Note: You must answer "YES" even if the matter was later dismissed, vacated or expunged. Conviction of an offense does not necessarily result in denial of this application. If you have answered "YES" please clarify in writing on a separate signed and dated sheet. Your clarification will assist us in determining your eligibility for employment.

Have you ever been convicted of, admitted committing, or are you awaiting trial on any of the following criminal offenses in this state or similar offenses in another jurisdiction?

- a. Sexual abuse of a minor Yes No
b. Incest Yes No
c. First or second-degree murder Yes No
d. Sexual assault Yes No
e. Sexual exploitation of a minor Yes No
f. Commercial sexual exploitation of minor Yes No
g. Robbery Yes No
h. A dangerous crime against children as defined in ARS section 13-604.01 Yes No
i. Sexual conduct with a minor Yes No
j. Molestation of a child Yes No
k. Exploitation of minors involving drug offenses Yes No
l. Kidnapping Yes No
m. Arson Yes No
n. Felony Yes No
n. Felony offenses involving contributing to the delinquency of a minor Yes No
o. Felony offenses involving sale, distribution or transportation of, offer to sell, transport or distribute or conspiracy to sell, transport or distribute marijuana or dangerous or narcotic drugs Yes No
p. Felony offenses involving the possession or use of marijuana, dangerous drugs or narcotic drugs Yes No
q. Misdemeanor offenses involving the possession or use of marijuana or dangerous drugs Yes No
r. Burglary in the first degree Yes No
s. Burglary in the second or third degree Yes No
t. Aggravated or armed robbery Yes No
u. Child abuse Yes No
v. Manslaughter Yes No
w. Aggravated assault Yes No
x. Assault Yes No

Subscribed, sworn to, and acknowledged before me by

this day of , 20, in County, State.

Seal: Notary Public