Volunteer Application

Red Creek Central School District
6624 South Street, PO Box 190, Red Creek, NY 13143

Name_____
Address_____
Phone Number_____ Email Address_____
Occupation/ Place of Employment _____

VOLUNTEER INFORMATION (Check all that apply)

Volunteer Activity	Age Group	Volunteer Times
☐ Mentor ☐ Tutor - Areas of Interest: Subject: _____ ☐ Chaperone ☐ Other _____	☐ Age doesn't matter ☐ Elementary UPK-5 ☐ Middle School 6-8 ☐ High School 9-12 ☐ Adult Program	*(Provide days/times available or specific date of event)*

CRIMINAL BACKGROUND CHECK

Have you ever been convicted of a crime? ☐ Yes ☐ No

If yes, please describe fully the conviction(s) listing the nature of offense(s), you age at the time of the offense and your rehabilitation since the conviction(s). (Use reverse for more space if needed)

_____
_____

REFERENCES

Name _____	Name _____	Name _____
Address _____	Address _____	Address _____
_____	_____	_____
Phone Number _____	Phone Number _____	Phone Number _____
Email Address_____	Email Address_____	Email Address_____
Relationship to you _____	Relationship to you _____	Relationship to you _____

ATTESTATION

I certify that the answers given herein are true and complete to the best of my knowledge. I understand that false or misleading information given in my application or interview(s) may result in discontinuance of my ability for volunteer service. I authorize the investigation of all statements contained in this application as may be necessary in arriving at a decision pertaining to my volunteering. This application for volunteering shall be considered active during the current school year only. If accepted for a volunteer assignment with the Red Creek Central School District, I agree to abide by all District rules, regulations and the Red Creek Central School District Code of Conduct. I agree to attend any requested orientation or training sessions as required by the District during the volunteer period. I understand that any information gained through volunteering must be held in strictest confidence in accordance with the Family Education Rights and Privacy Act (FERPA). I give my permission to pass this information on to those District schools where my skills and interests can best be utilized. In accordance with Board of Education Policy #3150 and #3210, I agree to be screened through the District's electronic visitor management system.

Signature of Applicant _____ Date: _____

WE ARE AN EQUAL OPPORTUNITY EMPLOYER
We consider applicants without regard to race, color, religion, creed, gender, sexual orientation, national origin, age, disability, marital or veteran status, sexual orientation, or any other legally protected status.

Please return completed application to:
Amanda Osborne, District Clerk
Red Creek Central School District, 6624 South Street, PO Box 190, Red Creek, NY 13143
For more information, please call (315) 754-2010 or email: amanda.osborne@rccsd.org

RECOMMENDING ADMINISTRATOR

I have interviewed this applicant on _____ (date) and recommend that he/she be placed on the District Volunteer List for the _____ school year.

Signature of Administrator _____ Date: _____

EVMS Clearance Verified By: _____ Date: _____