**WEST BONNER COUNTY SCHOOL DISTRICT NO. 83**

# 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: (208) _____ Business Phone: (208) _____

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 | ☐ | ☐ |
| Tuesday | ☐ | ☐ |
| Wednesday | ☐ | ☐ |
| Thursday | ☐ | ☐ |
| Friday | ☐ | ☐ |

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? 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, West Bonner County School District screens volunteer applicants. All information is confidential and will not be shared.

Yes □ No □ I will cooperate with the _____ 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 school district I agree to indemnify West Bonner County 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