Volunteer Application

Thank you for your interest in the Volunteer Program. To process your application as quickly as possible you will need to do the following:

1. Fill out the attached application and return it to the Appropriate Building Office.
2. Have your references fill out the attached forms and return them to the Appropriate Building Office.
3. Once received, the Assistant Principal will call to perform a brief phone interview or google meet.
4. Upon completion of the interview, your name will be submitted to the Board of Education for approval and a letter will be sent to you by the District Office. You may then begin volunteering.

If you have any other questions please call the Appropriate Office

Elementary Office: 716-542-5050.

Middle School Office: 716-542-5040

High School Office: 716-542-5030

Thank you.

VOLUNTEER APPLICATION

AKRON CENTRAL SCHOOL DISTRICT
47 Bloomingdale Avenue
Akron, New York 14001
(716) 542-5050

Circle one Mr./Mrs./Ms	First Name	Last Name	Date
Present Address (street, city, zip)		Phone Number	
E-mail Address:		What building level are you interested in volunteering for (circle one)? **ES** **MS** **HS**	

Areas to volunteer may include (but are not limited to) Classroom, Field Trips, School Activities, etc.

_____ Parent/Guardian Volunteer

_____ Community Volunteer (Includes step-parents, grandparents, aunts, uncles, etc.)

Student Name _____ Grade _____ Teacher _____
(List additional children, and their grades/teachers below)

Student Name _____ Grade _____ Teacher _____

Student Name _____ Grade _____ Teacher _____

Student Name _____ Grade _____ Teacher _____

Have you been convicted of a crime in the past ten years, excluding minor traffic offenses? ____Yes ____No

Are any criminal charges or proceedings pending against you? ____Yes ____No

If yes to either or both of the above, please explain: _____

_____

_____

Please note any special experience, training you would be willing to share: _____

_____

_____

****
-- FOR OFFICE USE ONLY--

Approved by: _____ Date Received: _____ Date of Interview: _____
Principal

Approved by: _____ Date:_____
Superintendent of Schools

Approved by: _____ Date: _____
Board of Education

AKRON CENTRAL SCHOOL DISTRICT
VOLUNTEER REFERENCE FORM

47 Bloomingdale Avenue Akron, NY 14001

Caroline E. Kos, **Elementary Principal;** Anthony Buono, **Elementary Assistant Principal**
Ph: (716) 542-5050 Fax: (716) 542-5018

Joseph Caprio, III, **Middle School Principal;** John Morello, **Middle School Assistant Principal**
Ph: (716) 542-5040

Stephen Dimitroff, **High School Principal;** David Brick, **High School Assistant Principal**
Ph: (716) 542-5030

To whom it may concern,

_____ (applicant) has applied to be a volunteer at the Akron_____ School. References are required before any individual can volunteer in any capacity. It would be greatly appreciated if you could answer the few questions below and return this form to the _____ School as soon as possible.

Thank you for your time.

Sincerely,

The Elementary, Middle and High School Offices

Applicants Name: _____ Date: _____

How long have you known the applicant? _____

Is there any reason you know of why the applicant should not be permitted to work with children?

YES NO

If yes, please explain:

_____

_____

Additional comments:

_____

_____

X _____
(Please sign)

Return to:
Akron Central School
47 Bloomingdale Ave
Akron, NY 14001
Attn: Volunteer Coordinator

Please Print:
Name: _____
Address: _____
_____

Phone: (_____)_____

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(Please sign)

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Akron, NY 14001
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