

SCHOOL VOLUNTEER APPLICATION

Last Name: _____ First Name: _____

Gender: _____

Address (City, State, Zip): _____

Phone Number: _____

Email Address: _____

Notify in Emergency: _____

Emergency Contact Phone: _____

Previous Volunteer Experience: _____

Skills and Interests: _____

Foreign Language: _____

Physical Limitations: _____

School(s) in which you prefer to volunteer?: _____

Have you ever been convicted or had adjudication withheld in a criminal offense other than a minor traffic violation, or are there any criminal charges now pending against you?: _____

Has the Department of Social Services Children's Division, or a similar agency, ever issued a determination or finding that you have engaged in abuse or neglect of a child? _____

As a volunteer, I have reviewed and agree to abide by the policies of the St. Joseph School District and all applicable laws, including, but not limited to, applicable provisions of the Family Educational Rights and Privacy Act, 20 U.S.C. § 1232(g) ("FERPA"). I also certify that the above information is correct. I further understand that if I may periodically be left alone with any District student that I am required to successfully complete a criminal background check to the satisfaction of the District before serving as a volunteer.

Volunteer Signature

Date

This application should be turned into the school(s) you are volunteering in. Volunteers will need to fill a new one out each school year.