

Monroe One BOCES
41 O'Connor Road
Fairport, New York 14450
585-383-377-4660

Volunteer Application Form/Annual Approval Form

Instructions: Thank you for your interest in working with the children and staff of Monroe One BOCES. Please complete all portions of this application. If you have any questions regarding the completion of this form or your activities as a volunteer, please contact the building principal.

Full Name _____ Last _____ First _____ Middle _____

Daytime Phone/Cell No.: _____ Birth Date: _____

Emergency Contact Name/Phone No.: _____

Home Address: _____ City: _____ State: _____ Zip code: _____

In what area(s)/program(s) are you interested in volunteering? _____

Volunteer Assignment: _____ Dates(s) of Service: _____

Education/Experience in the area(s) in which you are applying

Are you CPR/AED certified? Yes No Expiration Date: _____

Have you ever been convicted of a crime other than a routine traffic violation? Yes No

If yes, please give details: _____

References: Give the name, address & telephone number of three references who are not related to you.

Name	Address	Telephone No.
_____	_____	_____
_____	_____	_____
_____	_____	_____

Applicant's Statement: I certify the answers given herein are true and complete to the best of my knowledge. I understand that I am not an employee of Monroe #1 BOCES. As a volunteer participant at the school, I agree to hold Monroe #1 BOCES, Board of Education, Administration, Faculty, and Staff harmless from any and all claims for damage or liability as a direct or indirect result of my participation as a volunteer. I understand that I am required to abide by all rules and regulations of the District.

Signature of Applicant _____ Date _____

1. _____ Reference Checks Completed (Principal) 2. Route to HR 3. _____ Raptor Screening (Security)

4. _____ BOE Approval/Date: _____

Recommended for approval by:

Principal: _____ Human Resources: _____