



Date Application Received _____
Initial _____
Assignment _____
Date _____

VOLUNTEER APPLICATION
Adams 12 Five Star Schools

Thank you for your interest in the Adams 12 Five Star Schools. We appreciate volunteers and the role they play in continually improving our schools. We realize you're taking the first steps in contributing time to your schools and District. Please complete the following questionnaire. We have a responsibility to our parents and children to know those who work in our schools and therefore reserve the right to conduct background checks and fingerprinting of any volunteers. Please answer each question completely. Please type or print your responses in blue or black ink. Information you provide in this application is considered confidential.

Personal Data

Last Name	First Name	Phone
Street Address	City	State
		Zip Code

Date of Birth _____

Interested in the Senior Tax Rebate Program? Yes _____ No _____

(Must be 60 years of age or older and own property in Adams County.)

Do you have a valid driver's license? _____ Number _____

Have you volunteered in the Adams 12 Five Star Schools before? Yes _____ No _____

If yes, when and where? _____

When would you prefer to work? a.m. _____ p.m. _____ either _____

Mon. _____ Tues. _____ Wed. _____ Thurs. _____ Fri. _____ Any Day _____

I prefer: Elementary _____ Middle Level (Grades 6-8) _____ High School _____

Central Administration _____ Support Services _____

I would be most comfortable working with: Adults _____ Students _____

Use this section to describe your qualifications, areas of expertise, and capabilities. Include specific skills, use of office equipment, machinery and computers.

CHARACTER REFERENCES

Please provide the names, addresses and phone numbers for at least two (2) non-family members who know you and can speak to your skills and character.

1.

Name		Phone	
Address	City	State	ZIP

2.

Name		Phone	
Address	City	State	ZIP

LEGAL INFORMATION

Have you ever been convicted, pled nolo contendere, or received a deferred prosecution or judgment in response to a felony, misdemeanor, or criminal charge (excluding minor traffic offenses such as speeding)?

Yes _____ No _____

Have you ever been involuntarily terminated, asked to resign or tendered your resignation to avoid termination in connection with any position in which you worked with children?

Yes _____ No _____

Are there any past or present incidents which would provide the basis for alleging that you engaged in immoral conduct which affects the health, safety or welfare of children?

Yes _____ No _____

If your answer is "yes" to any of the above questions, please provide complete details on a separate sheet stating date, charge, place and action taken. Be advised that an affirmative answer does not automatically disqualify an applicant. An additional notarized statement similar to the above will be required, if you are recommended for the position.

STATEMENT OF UNDERSTANDING

I hereby authorize any employee, law enforcement agency, administrator, state agency, institution or private information bureau to provide Adams 12 Five Star Schools, or any person or agency so authorized, any and all information they might have, personal or otherwise, with regard to any subject which may bear upon my fitness for the position.

This authorization shall be valid as long as the application remains active in the Adams 12 Five Star Schools District or, if I should become a volunteer for the Adams 12 Five Star Schools, for the duration of my position. A photographic copy of such authorization shall be as valid as the original.

I agree that neither Adams 12 Five Star Schools nor any such parties listed herein shall be held liable in any respect if any position offered is not tendered, is withdrawn or my position is terminated due to falsity of the statements and answers in this application form, made or give pursuant to this application. Denial of information requested above may prevent consideration of this application.

I have read the Adams 12 Five Star Schools volunteer handbook and agree to follow all District policies, procedures and protocols with regard to student safety, confidentiality, discipline and school rules.

Signature

Date

VOLUNTEER SCREENING

REGISTERED SEX OFFENDER STATUS

I, _____ ,
(Printed Name)

wish to volunteer at _____
(School / Schools)

for school year _____
(School Year)

Before I am allowed to volunteer I agree that I am not currently, nor have I ever been, listed as a registered sex offender (RSO) in this or any other state. I agree to a registered sex offender check before I am allowed to work with any Adams 12 students. If I was previously listed as a registered sex offender I agree to full disclosure of the circumstances of my registered sex offender status and authorize a full background check.

ATTEST:

I have never been listed as a RSO: _____
(Signature)

I am currently listed as a RSO in _____
(State) (Signature)

I was listed as a RSO in _____, from _____
(State) (Years) (Signature)

Staff Use Only:

RAPTOR Check: _____

Date: _____

Approved: _____

Follow up requested: _____