

2026-2027 VOLUNTEER APPLICATION**St. Maries Joint School District No. 41****Classroom/Extra-Curricular Volunteer** ☐**Coaching Volunteer** ☐**FORM REVISED: 03/07/2026**

Thank you for your interest in volunteering in St. Maries Joint School District No. 41. In an effort to keep our schools safe, all volunteers must complete a Volunteer Application form. **Please return the completed form to the school office or to the District Office, 240 South 11th Street, P. O. Box 384, St. Maries, Idaho 83861.**

Legal Last Name:

Legal First Name:

Legal Middle Name:

Other Legal Last Names Used (Including Maiden Name):

Address:

City:

State:

Zip:

Date of Birth:

Home Phone:

Cell Phone:

E-Mail Address:

Do you currently have a student or students enrolled in a District School? **Yes** _____ **No** _____

If yes, please list names and grades:

Schools/Classrooms/Activities/Sports where you would like to volunteer:

Dates/Times you are available to volunteer:

To volunteer for athletic season, the head coach must sign this form prior to submission of the same, per sport:
COACH SIGNATURE:

Please provide a School District reference (**preferred**) or a non-relative reference who is most familiar with your recent volunteer and/or work experience:

Reference's Relationship to Applicant:

Reference Phone Number(s)

Have you ever been:

1. Convicted, pled guilty, or pled nolo contendere to a criminal offense, other than minor traffic violations? **Yes** _____ **No** _____
2. Arrested for a drug or sexual-related offense or act of violence? **Yes** _____ **No** _____
3. Reported for child abuse/sexual activities involving a student or minor filed against you by a School District, State/County Agency, police, or court? **Yes** _____ **No** _____

If yes to any questions in this section, please provide a brief explanation on the back side of this Volunteer Application Form.

1. Is anyone living at Applicant's address required to register for the Sex Offender Registry? **Yes** _____ **No** _____
2. Volunteers who have **unsupervised access to students are subject to the District's policy mandating criminal background checks** and will be subject to random drug testing and/or drug testing at the discretion of the building principal.
3. All volunteers must sign in and out at the school's office each time they volunteer unless special permission has been granted because of a disability.
4. With the exception of one-time events/activities, all volunteers will be required to take a short training in order to become familiar with program guidelines, school rules, and student discipline. In addition, District employees who work with volunteers shall clearly explain duties and provide an appropriate degree of training and/or supervision for each volunteer commensurate with the responsibility undertaken.

I affirm that I have read and understand all the information on this Volunteer Application and that all the information I have provided in this Application is true and complete to the best of my knowledge. I understand that the School District reserves the right to verify all information on this Application and that any false statements or failures to disclose information may be sufficient to disqualify me as a school volunteer. I hereby authorize St. Maries Joint School District to obtain information relating to my current and/or previous employment, education, and personal history records.

Signature:

Date:

SCHOOL DISTRICT ADMINISTRATION USE ONLYPicture Identification Provided ☐
Background Check Required for
 Unsupervised Access to Students ☐
Background Check Not Required for
 Supervised Access to Students ☐
Reference(s) Checked ☐

Reference Comments:

Application Approved ☐Application Not Approved ☐
 Principal/Principal Designee Signature:
 Date:

 Superintendent Signature:
 Date: