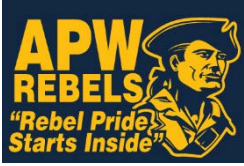


Regulation

COMMUNITY RELATIONS

1003.1

SCHOOL VOLUNTEER APPLICATION



SCHOOL VOLUNTEER APPLICATION

www.apwschools.org

Please answer all questions completely and accurately. Print in black ink or type application.

DATE OF APPLICATION: _____

NAME AND LEGAL RESIDENCE: (Please notify APW District Office immediately of any information changes)

LAST NAME FIRST NAME MIDDLE INITIAL

STREET CITY STATE ZIP

MAILING ADDRESS: _____
(if different from above) STREET CITY STATE ZIP

PHONE NUMBER: (____) _____ (____) _____ (____) _____
Home Business Cell

EMAIL ADDRESS: _____

SPONSORING AGENCY (if any) e.g. non-profit, college, business: _____

EMERGENCY CONTACT: _____
(NAME) (PHONE NUMBER)

IDENTIFY ANY SCHOOL(S) AT WHICH YOU WISH TO VOLUNTEER:

IDENTIFY ANY AREAS OF INTEREST OR SPECIFIC ACTIVITIES ON WHICH YOU WISH TO FOCUS YOUR VOLUNTEERING:

IDENTIFY ANY SPECIFIC SKILLS YOU WANT TO VOLUNTEER OR LANGUAGES SPOKEN:

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SCHOOL VOLUNTEER APPLICATION

PLEASE INDICATE THE TIMES YOUR SERVICES WOULD BE AVAILABLE:	
DAY(S) OF WEEK:	HOURS:
IF YOU ARE NOT AVAILABLE ON A REGULAR BASIS, PLEASE GIVE US SOME IDEA OF YOUR TIME COMMITMENT:	

PLEASE INDICATE IF YOU HAVE VOLUNTEERED/TAUGHT IN OUR SCHOOLS BEFORE:	<input type="checkbox"/> YES	<input type="checkbox"/> NO
PLEASE INDICATE IF YOU ARE CURRENTLY VOLUNTEERING IN OUR SCHOOLS:	<input type="checkbox"/> YES	<input type="checkbox"/> NO
NAME OF SCHOOL(S):	WHICH STAFF MEMBERS?	WHEN?

REFERENCES: Provide the names of at least two individuals who have knowledge of your character, personality, and abilities to work in a school environment:			
	NAME	ADDRESS (CITY, STATE, ZIP CODE)	TELEPHONE NUMBER
1			
2			
3			

If vouching for this volunteer, **Principal's Signature** _____

PRINCIPAL'S NAME AND SCHOOL REQUIRED : _____
(PLEASE PRINT)

BACKGROUND CHECK AGREEMENT
It is the policy of the APW School District to require all volunteers to complete this Disclosure Statement. Subsequently, the District may complete a background check for conviction(s) and pending charges.
*Social Security Number: _____ Date of Birth: ____/____/____
Have you ever been convicted of or do you have any charges pending for felonies, misdemeanors, and/or ordinance violations other than minor traffic violations: <input type="checkbox"/> YES <input type="checkbox"/> NO
If yes, please fill in the information below and include date, location, and nature & circumstances of the offense:

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SCHOOL VOLUNTEER APPLICATION

I hereby authorize the Altmar-Parish-Williamstown Central School District to review my personal background. I consent to having the APWCSD conduct a full and complete criminal background check. I understand that any misrepresentation on this statement may result in immediate disqualification for any volunteer service within the APWCSD. I understand that the APWCSD may verify the information I have provided above. I hereby release the District, the Board of Education, and its agents, as well as all providers of information, from any liability related to furnishing and receiving information related to arrests and convictions.

*Your social security number will be used as stated above. State and federal laws protect the privacy of your records.

Signature _____

Date _____

EQUAL OPPORTUNITY

In accordance with State Law, Governor's Executive Order 40 and Section 504 of The Federal Rehabilitation Act of 1973, as amended, the *Altmar-Parish-Williamstown Central School District does not discriminate with regard to race, color, religion, creed, gender, national origin, age, sexual orientation, disability, marital or veteran status, or any other legally protected clause.*

Altmar-Parish-Williamstown Central School District
Approved by the Superintendent:12/14/17