

Application for School Volunteer

Personal Information:

Date: _____

Name: _____
(Last) (First) (Middle)

Address: _____
(Street) (City) (State) (Zip)

Phone: _____
(Home) (Work) (Cell)

Employer Information: (List below your current or last employer.)

Date – Month/Year	Name and Address	Position
From: _____	_____	_____
To: _____	_____	_____
	_____	_____

What volunteer services are you willing to perform? _____

List all current and past volunteer experience/training (attach an additional sheet if necessary): _____

List Hobbies/interests: _____

Please describe any qualities, skills or abilities that you feel would make you a good volunteer to work with children: _____

Are you CPR Certified: Yes/No Expiration Date: _____
Are you First Aid Certified: Yes/No Expiration Date: _____
Please provide a copy of your current CPR and First Aid Card/Certifications.

How long can you commit to a volunteer role with this school district (Please specify; one month, several months or one year)? _____

Have you ever been convicted or pled guilty to a crime – either a misdemeanor or a felony (including but not limited to child abuse, theft, drug charges, or other crimes of violence)?

Check either _____ Yes** or _____ No

** If yes, please explain in detail: _____

Please list three references (not relatives), preferably persons who can attest to your ability to work with others in a volunteer capacity:

Name and Address	Telephone	Relationship

I authorize all references listed to give you pertinent information, and release all parties from liability from furnishing this information.

I attest that all information provided on this form is true and accurate to the best of my ability.

I understand that any information provided that is found to be falsified is grounds for removal as a volunteer.

Signature

Date