

4532-E VOLUNTEER APPLICATION

INFORMATION ABOUT YOU

Name: _____

Date: _____

Address: _____

Phone#1 _____

Phone #2 _____

Email _____

In case of emergency notify: _____

Relationship to school: parent, former employee, community member:

Briefly state why you want to volunteer:

List your skills, interests, hobbies, community activities, work or professional experience:

List previous volunteer experience and names and addresses of organizations where you have volunteered

Do you have transportation? Yes No

Do you have a valid Driver's License? Yes No

License Number: _____

State: _____

Are there any restrictions on your license? Yes No

If yes, list all restrictions:

Have you ever been convicted of a crime (do not include traffic violations)? Yes No

If yes, please explain:

REFERENCES

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

Name & Address	Telephone	Relationship
_____	_____	_____
_____	_____	_____

Do you request to be screened (Fingerprint/Background Check) _____ Yes _____ No

(Required for chaperoning on overnight school trips, or for any activity in which they may have unsupervised contact with any student or group of students)

VOLUNTEER AGREEMENT AND AUTHORIZATION

Volunteer candidates must meet the highest standard of conduct because of the district's responsibilities for those in its care. This information is to be used only to assist us in determining qualifications for a position as a volunteer.

I acknowledge that I am aware of the Family Educational Rights and Privacy Act, a federal law more commonly known as FERPA, as well as state regulations, that protect the privacy of student information. Therefore, student records are confidential and must be treated in accordance with these laws and regulations.

In addition, I agree to conform to the Board of Education policies and regulations. I understand that within Clarkstown Central School District schools, students and school staff deserve the assurance and certainty that their private information, academic or personal, will remain confidential. I agree that no student or district personnel information I learn as a result of time spent within a school or in my volunteer activities will be shared outside of my assignment, including with other parents, neighbors, and members of the school community. I shall bring to the sole attention of the principal any information regarding a student or staff member that I believe needs to be shared.

By signing the Volunteer Application Form, I agree to maintain the confidentiality of student records and the school community in all respects, as described above.

I agree to participate in orientation and training. I understand and agree that a criminal record check may be made; my references and experience will be checked; and that for certain activities, I must be fingerprinted.

Name: _____

Address: _____

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

Signature of applicant: _____

DOB: _____

Date: _____

VOLUNTEER AGREEMENT AND AUTHORIZATION

Signed and sworn this ____ day of _____, 20__.

Notary

Ref:

New York Schools Insurance Reciprocal

Adoption date: March 31, 2015

Amended: December 1, 2016

Clarkstown Central School District
