

Volunteer Application

Thank you for your interest in the Carthage Central School District. We appreciate volunteers and the role they play in continually improving our schools. Please complete the following application. We have a responsibility to our parents and students to know those who work in our schools and therefore reserve the right to conduct background checks of any volunteers. **Information you provide in this application is considered confidential.**

Personal Data

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Last Name (please print) _____ First Name (please print) _____

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Street Address _____ City _____ State _____ Zip Code _____

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Home Telephone Number _____ Cell Number _____

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Email Address _____

Do you have a valid driver's license? Yes No State _____

Have you ever volunteered in the Carthage Central School District? Yes No
If yes, when and where? _____

Do you have a child[children] who attends/will be attending a school in the District? Yes No

Child's Name _____ Grade _____ School _____
Child's Name _____ Grade _____ School _____

Availability/Interests

Please check your preferred hours and days below:

Monday		Tuesday		Wednesday		Thursday		Friday	
AM	PM	AM	PM	AM	PM	AM	PM	AM	PM

Entire school year (September-June)
Summer school (July-August)
Program/Short Term Project
Other _____

Indicate your category(s) of interest as a volunteer:

- Classroom Volunteer
 Library/Book Fair
 Playground
 Chaperone
 Special Events
 Other

Multilingual Yes No Language(s) _____
 American Sign Language

First Aid Card Expiration Date _____ CPR Card Expiration Date _____

Do you have any special medical/physical limitations that will significantly impact your volunteer service, or require special accommodations to enable you to volunteer? Yes No
If yes, please describe:

Are you taking any medications of which we should be aware in the event of an emergency?
(List medications if applicable)

Do you currently have any contagious or infectious diseases? Yes No
(If yes, you must provide a doctor's statement verifying that you can work with the public.)

Have you been exposed to TB? Yes No
If yes, explain

Legal Information

Have you ever been convicted, pled no contest, 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 may be required if you are recommended for the position.

Statement

I hereby authorize any employee, law enforcement agency, administrator, state agency, institution or private information bureau to provide the Carthage Central School District, 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 Carthage Central School District or, if I should become a volunteer for the Carthage Central School District, for the duration of my position.

I agree that neither Carthage Central School District 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 given pursuant to this application. Denial of information requested above may prevent consideration of this application.

I have read the Carthage Central School Districts volunteer policy (and any other applicable information) and agree to follow all Carthage Central School District policies, procedures and protocols with regard to student safety, confidentiality, discipline and school rules.

Signature

Date

Print Name

Your Child's Name and Teacher

Emergency Contact Information

Name/Relationship

Phone Numbers

FOR OFFICE USE:

Signature of Principal/Administrator Authorizing the Volunteer

Date

Volunteer Event/Assignment: _____