

VOLUNTEER APPLICATION FORM

PERSONAL INFORMATION:

Name: _____
Last First MI
Maiden Name or if known by any other name: _____

Check One: Parent/Guardian Community member (non-parent)
 Student Other (please specify): _____

Address: _____
Street City State Zip

Phone Number: (____) _____ - _____ Cell Phone: (____) _____ - _____

Emergency contact: _____ Phone: (____) _____ - _____

Have you ever been a school volunteer? Yes No
If Yes, Name of School: _____

Name(s) of any child(ren) attending Altamont CUSD #10:

AVAILABILITY:

Entire School Year (September – June) Program/Short Term Project _____
 Summer School (July) Other _____

Time Available: Morning (____ to ____)
 Afternoon (____ to ____)

M T W Th F
 M T W Th F

Number of hours/wk: _____

REFERENCES:

Please provide professional and/or personal references:

1. _____
Name Phone

2. _____
Name Phone

BACKGROUND INFORMATION:

Please answer the following questions completely. Any falsification, omission, deliberate misrepresentation or failure to complete any part of this form is grounds for rejection as a volunteer. Altamont CUSD #10 reserves the right to reject any applicant for any legitimate, nondiscriminatory reason, at its sole discretion.

Do you currently have any outstanding criminal charges or warrants for your arrest pending against you? Yes No

If yes, please explain: _____

Have you ever been convicted of a felony criminal offense and/or misdemeanor or felony criminal offenses involving illegal substances? Yes No

If yes, please explain: _____

Have you ever had findings made against you for domestic violence, abuse, sexual abuse, neglect, exploitation or financial exploitation of a child in any legal proceeding? Yes No

If yes, please explain: _____

ACKNOWLEDGEMENT – Employees of the District

The purpose of this notice is to inform prospective volunteers that they do not have insurance coverage from the District and to document the volunteer’s acknowledgment and agreement that he/she is providing volunteer service at his/her own risk. By signing below:

1. You acknowledge that Altamont CUSD #10 does not provide insurance coverage for any loss, injury, illness or death resulting from your unpaid service to the District.
2. You agree to assume all risk of injury, illness, damage or loss of any nature or kind, arising out of your volunteer assignments, whether supervised or unsupervised and your service to the District. You agree to waive any and all claims against the District, its Board Members, employees, agents or assigns, or their successors for loss due to death, injury, illness or damage of any kind arising out of your service to the District.

By signing below you also acknowledge that:

1. You may not volunteer to perform a job that is the same or similar job for which you are employed.
2. Your volunteer services are not being performed in the course and scope of your regular employment and are not in any way required by the School District.
3. Either the District or you can terminate you volunteer services at any time for any reason. Your withdrawal will not affect your continued employment with the School District.

Volunteer Signature

Date

Print Name

ACKNOWLEDGEMENT – Non-Employees of the District

The purpose of this notice is to inform prospective volunteers that they do not have insurance coverage from the District and to document the volunteer’s acknowledgment and agreement that he/she is providing volunteer service at his/her own risk. By signing below:

1. You acknowledge that Altamont CUSD #10 does not provide insurance coverage for any loss, injury, illness or death resulting from your unpaid service to the District.
2. You agree to assume all risk of injury, illness, damage or loss of any nature or kind, arising out of your volunteer assignments, whether supervised or unsupervised and your service to the District. You agree to waive any and all claims against the District, its Board Members, employees, agents or assigns, or their successors for loss due to death, injury, illness or damage of any kind arising out of your service to the District.

By signing below you also acknowledge that:

1. Your time and service as a volunteer is given without promise, expectation, or receipt of any form of compensation, benefits, or other remuneration for this service.
2. Either the District or you can terminate you volunteer services at any time for any reason.

Volunteer Signature

Date

Print Name

For School District Use Only:

General Description of Assignment:

Name(s) of Supervising Staff Member(s):

____ Criminal Background check completed

____ Federal sex offender database check completed

____ State sex offender database check completed

____ Child Murder and Violent Offender against Youth Database completed

____ Mandated Reporter Form completed

____ Volunteer Orientation completed

____ Review of District Policies completed

Witness Signature

Date

The above mentioned volunteer has met all of the requirements to provide volunteer services to the School District.

Administration Approval

Date