

# Volunteer Application and Release



## Contact Information – Please Print

Date \_\_\_\_\_ Social Security # \_\_\_\_\_ Date of birth \_\_\_\_\_  
Driver License # \_\_\_\_\_ Email Address \_\_\_\_\_  
Name (Last, First, Middle Initial, Maiden Name) \_\_\_\_\_  
Street Address \_\_\_\_\_ City, State, ZIP Code \_\_\_\_\_  
Previous Address \_\_\_\_\_  
Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_  
Child's Name \_\_\_\_\_  
Child's Teacher \_\_\_\_\_

## Availability & Interests

During which hours are you available for volunteer assignments?

Weekday mornings  
 Weekday afternoons

Tell us the areas for which you would be interested in volunteering

Events  Field trip  Fundraising  Classroom Volunteer (Volunteers will be under direct supervision of teacher or staff at all times.)

## Criminal Background Check

Answering "yes" to these questions does not constitute an automatic bar of volunteering. Have you ever been convicted, pled no contest, been placed on probation, enrolled in a pretrial diversion plan, or had adjudication withheld in a criminal offense, felony, misdemeanor, or otherwise?  Yes  No  
If yes, on the back of this page, please give dates and details for each instance. Do you have any criminal charges pending?  Yes  No.

**If yes, please explain on back.** In accordance with applicable law, volunteers may be required to permit a criminal background check at the school's expense prior to serving. Please indicate whether you would permit a background check to be conducted.  Yes  No

## Person to Notify in Case of Emergency

Name \_\_\_\_\_ Street Address \_\_\_\_\_  
City State ZIP Code \_\_\_\_\_  
Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

## Agreement and Signature

By submitting this application, I affirm that the facts set forth in it are true and complete. I understand that if I am accepted as a volunteer, any false statements, omissions, or other misrepresentations made by me on this application may result in my immediate dismissal. I further understand that by signing this statement I am offering my services to the school without compensation and without any claim to health benefits in case of illness or injury.

**RELEASE:** I understand that reasonable measures will be taken to safeguard the health and safety of all volunteers. I freely waive any right or cause of action, of any kind, that may arise as a result of such volunteer activity from which any liability or harm may occur to my person or property while serving as a volunteer at or for the school.

Name (printed) \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

## Our Policy

It is the policy of this organization to provide equal opportunities without regard to race, color, religion, national origin, gender, sexual preference, age, or disability.

Thank you for completing this application form and for your interest in volunteering with us.