



# SCHOOL VOLUNTEER APPLICATION

Date of Application: \_\_\_\_\_

Name: \_\_\_\_\_  
(Last) (First)

Address: \_\_\_\_\_  
(Street Address) (City, State, Zip Code)

Telephone: \_\_\_\_\_  
(Home) (Work) (Cell)

E-mail address: \_\_\_\_\_

Sponsoring Agency (if any) e.g. non-profit, college, business: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_  
(Name) (Phone Number)

Identify **any school(s)** at which you wish to volunteer: \_\_\_\_\_

Identify **areas of interest, specific activities or skills** on which you wish to focus your volunteering:

\_\_\_\_\_  
\_\_\_\_\_

Do you speak **any languages other than English**? \_\_\_\_\_

Please indicate the **times your services will be available**:

Day(s) of week: \_\_\_\_\_

Hours: \_\_\_\_\_

If you are not available on a regular basis, please give **some idea of your time commitment**:

\_\_\_\_\_

Have you **taught in our schools**? YES \_\_\_\_\_ NO \_\_\_\_\_ If 'yes', which years? \_\_\_\_\_

Have you **volunteered in our schools before**? YES \_\_\_\_\_ NO \_\_\_\_\_

Please indicate if you are **currently volunteering** in our schools: YES \_\_\_\_\_ NO \_\_\_\_\_

| Which school(s)? | Which staff members? | When? |
|------------------|----------------------|-------|
|                  |                      |       |
|                  |                      |       |

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**References:** Provide the names of two individuals who have knowledge of your character, personality, and abilities to work in a school environment:

|    | Name | Address<br>(Street, City, State, Zip Code) | Telephone Number |
|----|------|--|------------------|
| 1. |      |  |                  |
| 2. |      |  |                  |

If vouching for this volunteer, **Principal's signature:** \_\_\_\_\_

**Principal's name and school (print):** \_\_\_\_\_

### BACKGROUND CHECK AGREEMENT

It is the policy of the City School District of Albany (CSDA) to require all volunteers to complete this Disclosure Statement. Subsequently, the District will complete a background check for conviction(s) and pending charges.

\*Social Security Number: \_\_\_\_\_ Number of years at above address: \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Driver's License Number: \_\_\_\_\_

Have you ever been convicted of or do you have any charges pending for felonies, misdemeanors, and/or ordinance violations other than minor traffic violations?

YES       NO

If yes, please fill in the information below and include date, location, and nature & circumstances of the offense.

By signing, I authorize the CSDA to review my personal background. I consent to having the CSDA conduct a full and complete criminal background check. I understand that any misrepresentation on this statement may result in immediate disqualification for any volunteer service within the CSDA. I understand that the CSDA will verify the information I have provided above. I hereby release the District, its Board, and its agents, as well as all providers of information, from any liability related to furnishing and receiving information related to arrests and convictions.

\*Your social security number will be used as stated above. State and federal laws protect the privacy of your records.

\_\_\_\_\_  
(Applicant's Signature)

\_\_\_\_\_  
(Date)