



BARKER CENTRAL SCHOOL DISTRICT VOLUNTEER EXPERIENCE APPLICATION FORM

3150F (11/16)

Please check one:

- ☐ Parent Volunteer ☐ Student Teacher
☐ Community Volunteer ☐ Student Observer
☐ Other (please list) _____
 Student Name _____
 Relationship _____

Name: _____

Address: _____

Telephone(s): Home: _____

Cell: _____

Is this volunteer position through a college or county program ? ☐ Yes ☐ No

If yes, please list the college or county program: _____

Request Location (School/Building): _____

Requested Dates: From _____ To _____

Requested Days and Hours: _____

When is most convenient to reach you? ☐ Day ☐ Evening

1. List all current and past volunteer experience/training (attach on additional sheet if needed):

2. Please describe any qualities, skills or abilities that you feel would make you a good volunteer at Barker Central School District:

3. Describe the duties you will perform as a volunteer:

4. Have you ever been convicted or pleaded guilty to a crime - either a misdemeanor or a felony (including, but not limited to child abuse, theft, drug charges or other crimes of violence)?

Yes No If yes, please explain in detail:

Please list three references (not relatives), preferably persons who can attest to your ability to work with others in a volunteer capacity, that we may contact:

<u>Name & Address</u>	<u>Telephone Number</u>	<u>Relationship</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

Please list emergency contact numbers:

Name: _____

Telephone Number: _____

Relationship: _____

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

I attest that all information provided on this form is true and accurate to the best of my ability.

I understand that my provision of false or erroneous information is grounds for removal as a volunteer.

I understand that the position I am applying for is a volunteer position. I understand that I will not receive salary, wages, or other compensation for any service that I perform as a volunteer.

Signature

Date

TO BE COMPLETED BY THE BUILDING/PROGRAM ADMINISTRATOR:

Check one: ☐ Recommend ☐ Do Not recommend

Administrator's Signature: _____ Date: _____

Date approved by the Board of Education: _____