

VOLUNTEER APPLICATION



Date: _____

Name: _____ Birth Date: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Contact Phone: _____ Cell Phone: _____

Email Address: _____

Previous Volunteer Experience, (including years of experience at each location):

Employment History, (please include the last 5 years):

VOLUNTEER PREFERENCES

Which site(s) are you interested in volunteering at: _____

Which days of the week are you available (please check): M T W Th F

Times of day in which you prefer to volunteer: _____

Grades and/or subject you are interested in: _____

IN CASE OF EMERGENCY

Contact Name/Phone Number/Cell Number/Relationship:

REFERENCES

Please list three (3) reference that are not relatives including their name, relationship, mailing address, and phone number:

Has a School District employee requested you to volunteer? _____

If so, please list name and site:

I agree to:

1. Have my background checked either by obtaining an IVP Fingerprint Clearance Card (issued by DPS) by completing a fingerprint clearance card application through www.arizonalivescan.com or being fingerprinted by Coolidge Unified School District.
2. Attend training if offered by school site.
3. Authorize Coolidge Unified School District #21 to contact the listed references to verify information on this application and to release this information to the agency in which I am referred.
4. Follow all policies and procedures of the Coolidge Unified School District #21 where I am volunteering.

Volunteer Signature

Date

SCHOOL SITE OFFICE USE ONLY

Applicant Volunteer Services Approved? YES NO Print Name: _____

What area will volunteer be used: _____

References Checked: _____ Any Concerns? _____

Will Volunteer be Red Badge? _____

HUMAN RESOURCES USE ONLY

Application Complete: YES NO Volunteer Fingerprinted: YES NO

Fingerprint Clearance Received: YES NO Volunteer Added to List: YES NO

Site Notified: _____

Date: _____

CRIMINAL ACTIVITY REPORT



Due to the responsibility of the Coolidge Unified School District to protect our children and community, the following information is required. A record of arrest or conviction does not prohibit you from volunteering, however, failure to complete this section truthfully may mean disqualification from consideration for volunteering or result in prosecution for filing false information with a public agency. Volunteers must report any convictions and arrests that occur after they initially complete this form. If you answer "yes" to any of the questions, you must attach a written explanation.

1. Name: _____ SSN: _____

2. Are you awaiting trial on or have you ever been convicted of or admitted in open court or pursuant to a plea agreement committing any of the following criminal offenses in this state or similar offenses in another jurisdiction?

Sexual assault	YES	NO
Felony offenses involving contribution to the delinquency of a minor	YES	NO
Felony offenses involving drugs	YES	NO
Burglary in the first, second or third degree	YES	NO
Aggravated or armed robbery or robbery	YES	NO
A dangerous crime, § 13-604.01, against a minor under 15 years of age (second degree murder, aggravated assault, sexual assault, molestation of a child, sexual conduct with a minor, commercial sexual exploitation of a minor, sexual exploitation of a minor, child abuse, kidnapping and sexual abuse)	YES	NO
Manslaughter	YES	NO
Aggravated assault or assault	YES	NO
Exploitation of minors involving drug offenses	YES	NO
Convicted of a misdemeanor offense other than traffic violation(s)	YES	NO
Convicted of a DUI/DWI offense	YES	NO

I certify that the above information is true, accurate, and complete. Any misrepresentation or omission shall be good cause for disqualification for volunteering or immediate termination of employment. I understand a criminal history check will be conducted.

Signature

Date