

SAU 50 Volunteer Application

NAME: (Print) _____

CHILD'S LAST NAME: _____
(If Different)

ADDRESS: _____

CITY/STATE/ZIP: _____

HOME TELEPHONE: _____ WORK TELEPHONE:

CELL PHONE: _____

EMAIL ADDRESS: _____

SKILLS AND INTERESTS: Please describe what skills and interests you might bring to a volunteer assignment:

TIMES AVAILABLE: Please indicate if you have preferred times/days of availability.

As required by state statute we ask that, you, the volunteer applicant answer the following questions:

1. Have you ever been convicted of any crime that has not been annulled or pardoned other than a minor traffic offense? Yes No
2. Have you ever had any professional license or certificate suspended or revoked in any state or have you voluntarily surrendered a professional license or certificate? Yes No
3. Have you ever resigned a position following allegations of physical or sexual abuse? Yes No
4. Have you ever been found to have abused or neglected children or elders? Yes No

If you answered YES to any of the questions above, please provide details below. Conviction of a crime is not an automatic bar to volunteer participation. Falsification of information or misleading information on this application shall be fully sufficient grounds to refuse to place an applicant in a volunteer assignment or, if placed, shall be immediate cause for dismissal and/or discharge.



Additional Information:

CONFIDENTIALITY: Please note that by signing below, you agree to strict confidentiality regarding any information about students or staff that you are privileged to.

The undersigned also agrees to update this form, if any status noted herein should change during the school year.

Applicant's Signature: _____ Date: _____

Adopted 2017

