

VOLUNTEER APPLICATION FORM

NAME _____

ADDRESS _____

TELEPHONE NUMBER _____ E-MAIL ADDRESS _____

SCHOOL _____ TIME AVAILABLE _____

PROGRAM VOLUNTEERING FOR _____

If you are a volunteer coach, what sports program are you a volunteer for? _____

Are you certified in this sport? _____

SCHOOL EMPLOYEE SUPERVISING THE VOLUNTEER _____

PLEASE LIST ACTIVITIES, SKILLS AND INTERESTS FOR WHICH YOU WOULD LIKE TO VOLUNTEER

1. _____

2. _____

3. _____

LIST THREE CHARACTER OR EMPLOYMENT REFERENCES:

NAME	PHONE NUMBER	RELATIONSHIP
_____	_____	_____
_____	_____	_____
_____	_____	_____

GENERAL BACKGROUND INFORMATION

You must give complete answers to all questions. If you answer "Yes" to any question, you must list all offenses, and for each conviction provide date of conviction and disposition, regardless of the date or location of occurrence. Conviction of a crime is not a bar to employment in all cases. Each case is considered on its merits. Your answers will be verified with appropriate police records.

Professionally disciplined means the annulment, revocation or suspension of your teaching certification, or the receipt of a letter of reprimand from an agency, board or commission of state government, such as the New Hampshire Department of Education.

Crime includes all felonies and misdemeanors.

Conviction includes adjudications of guilt, pleas of guilty, pleas of "nolo contendere" (no contest), and determinations before courts, juries, judges or magistrates which resulted in fines, incarceration, or other sentences or probation.

You may omit: minor traffic violations and offenses committed before your 18th birthday which were adjudicated in juvenile court under a juvenile delinquency law.

- Have you ever been arrested for or convicted of a crime that has not been annulled by a court?
 Yes No

- Have you ever been fired, dismissed or non-renewed from any job for any reason? Yes No

- Have you quit a job after being notified that you would be fired, dismissed or non-renewed, or after being notified that you would be recommended for firing, dismissal or non-renewal?
 Yes No

- Have you ever been professionally disciplined in any state? Yes No

Note: If you answered "Yes" to any of the above questions, please provide a detailed explanation on a separate sheet of paper, including dates, and attach it to this application. Please print and sign your name on the sheet.

BACKGROUND AND CRIMINAL HISTORY CHECKS

Each applicant must submit to the School District a completed Criminal History Release Authorization Form and his or her fingerprints. The School District can supply an Authorization Form and fingerprint card to each applicant. The fingerprints will be utilized by local state and federal law enforcement agencies to research the applicant's background. Any offer that the School District extends to an applicant is conditional upon the successful processing of his/her fingerprints and the receipt of criminal history and background check results that are acceptable to the School District.

CERTIFICATION AND RELEASE AUTHORIZATION

I certify that all of the statements made by me are true, complete and correct to the best of my knowledge and belief, and are made in good faith. I understand that any misrepresentation of information shall be sufficient cause for rejecting my application, withdrawing of any offer of employment, terminating my employment, terminating contracts for service or terminating volunteer service.

I hereby authorize any and all of my previous employers and/or supervisors and or references to respond fully and completely to all questions that officials of the Mascoma Valley Regional School District may ask regarding my prior work history and performance. I will hold such previous employers and/or supervisors harmless of any and all claims that I might otherwise have against them with regard to statements made to the Mascoma Valley Regional School District. I further authorize the Mascoma Valley Regional School District's officials to investigate my background, now or in the future, to verify the information provided, and I release from liability all persons and/or entities supplying information regarding my background.

Volunteer's Signature _____

Principal Approved _____

FOR SCHOOL OFFICE USE ONLY	
Volunteer Guide & Policy GBEBB Given to Volunteer	_____
FOR SAU OFFICE USE ONLY	
Criminal Records Check (if needed)	_____
Notification to Board	_____

Volunteer Service Statement & Confidentiality Agreement

Date: _____, 20__

I make this Statement and Agreement in order to provide, and to be authorized to perform, the following uncompensated services to my community.

I, _____ under the direction of _____
Name of Volunteer Name of Employee Supervisor

from _____ to _____ in performing the specified volunteer service, acknowledge:
Date Date

- that I am 18 years of age or older and know of no reason, medical or otherwise, which would prevent me from performing the tasks required;
- that I have acquainted myself with what is required to perform those tasks, represent that I have the skill and ability to perform them, and have read the volunteer guidelines;
- that I assume full responsibility for my own safety and the safety of others, and except where resulting from the negligence of the Mascoma Valley Regional School District or its employees, I release and hold harmless the Mascoma Valley Regional School District, its agents, employees, and officers, from any and all claims of any nature for any illness, bodily injury, or personal injury to me or damage to any property arising in any way from my participation in the above described activity. I further acknowledge that this release is binding upon my heirs, successors or assigns, that I have read the foregoing and understand its significance, and that I have executed this document voluntarily;
- that I will perform the volunteer service in compliance with the standards, District policies, and specifications established, or approved, by the Mascoma Valley Regional School District, and will honor the direction of the Mascoma Valley Regional School District officials to suspend or terminate service.
- While performing volunteer services for the Mascoma School District, I understand that I am bound by laws and policies which protect the privacy of student information I am given access to. I agree to keep this information in the strictest confidence and recognize that the failure to do so may result in my being denied the opportunity to volunteer.

Volunteer's Signature

Address: _____

Telephone: _____

Signature of District designee

Date

See Policy IJOC

Revised 5/27/15

"To pursue excellence in education and prepare all students to become lifelong learners and responsible citizens in an ever-changing world."

*Equal Opportunity Employer * Equal Educational Opportunities*