

ONEONTA CITY SCHOOL DISTRICT
Human Resources
31 Center Street
Oneonta, NY 13820
Ph: 607-433-8226 ext. 304 Fax: 607-433-8290

VOLUNTEER APPLICATION
(Please print or type.)

NAME: _____

ADDRESS: _____

E-MAIL ADDRESS: _____

PHONE: Please circle the most convenient number to reach you.

CELL: _____ WORK: _____ HOME: _____

IN CASE OF EMERGENCY, PLEASE NOTIFY:

NAME: _____ PHONE: _____

NAME: _____ PHONE: _____

WHAT DAYS AND HOURS ARE YOU AVAILABLE TO VOLUNTEER?

M _____ TU _____ W _____ TH _____ F _____

INTENDED LENGTH OF SERVICE: _____
(days/weeks/months/years/indefinite)

I AM INTERESTED IN THE FOLLOWING PLACEMENTS:

- TUTOR FIELD TRIPS SPECIAL EVENTS
 MENTOR CLASSROOM ASSISTANT LIBRARY ASSISTANT
 OTHER _____

ARE YOU RELATED TO ANY CHILDREN IN THE ONEONTA SCHOOLS? YES NO

CHILD'S NAME	SCHOOL	GRADE

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LIST ALL CURRENT AND PAST VOLUNTEER EXPERIENCE/TRAINING:
(Attach additional sheet, if necessary.)

PLEASE DESCRIBE ANY QUALITIES, SKILLS, HOBBIES, INTERESTS, CERTIFICATION IN CPR/AED, OR PROFESSIONAL TRAINING THAT YOU FEEL MAKES YOU QUALIFIED TO WORK WITH CHILDREN.

HAVE YOU EVER BEEN CONVICTED OR PLEAD GUILTY TO A CRIME?

YES NO

IF YES, PLEASE EXPLAIN: _____

ARE THERE ANY CRIMINAL CHARGES PENDING AGAINST YOU REGARDING ANY CRIME INVOLVING A MINOR?

YES NO

IF YES, PLEASE EXPLAIN: _____

HAVE YOU EVER BEEN REFUSED PARTICIPATION IN ANY OTHER YOUTH PROGRAMS?

YES NO

IF YES, PLEASE EXPLAIN: _____

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PLEASE LIST THREE (3) REFERENCES (NOT RELATIVES) WHO CAN ATTEST TO YOUR ABILITY TO WORK WITH OTHERS IN A VOLUNTEER CAPACITY:

NAME: _____ RELATIONSHIP: _____

ADDRESS: _____ PHONE: _____

NAME: _____ RELATIONSHIP: _____

ADDRESS: _____ PHONE: _____

NAME: _____ RELATIONSHIP: _____

ADDRESS: _____ PHONE: _____

VOLUNTEER HANDBOOK

I have read, understand and accept the policies included in the Volunteer Handbook, and my responsibilities as outlined in the Volunteer Handbook. YES NO

I agree to perform tasks only under the direction and guidance of appropriate staff. I will comply with all school district rules and regulations.

I certify I have reviewed the criminal offense statement and responded truthfully. I agree to a criminal background check, if deemed necessary by the school administration.

Falsification or omission on an official public document is a criminal offense, subject to prosecution, and constitutes grounds for disqualification from being a volunteer.

VOLUNTEER SIGNATURE

DATE

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VOLUNTEER CONFIDENTIALITY AGREEMENT

I will not discuss with others, when serving as a volunteer or when no longer in a volunteer role, the content of any confidential student information which was learned in the course of or because of my volunteer work in the school; nor will I disclose or permit to be disclosed, directly or indirectly, student education records, personally identifiable student information in such records, or other confidential information regarding any student. Exceptions to this rule include my ability to discuss student information with designated staff members and/or as authorized by school administration.

Violation of student information confidentiality is cause for termination of the volunteer's services.

I have read and understand the confidentiality statement.

VOLUNTEER SIGNATURE

DATE

FOR BUILDING OFFICE USE ONLY

Interviewed by _____

References checked by _____

Fingerprinting required Yes No

Administrator Approval Yes No

Building Administrator Signature _____

FOR PERSONNEL OFFICE USE ONLY

_____ Copy of photo ID attached

_____ Fingerprinting sent to NYS on _____

_____ BOE approved on _____