

**KAMIAH JOINT SCHOOL DISTRICT #304
VOLUNTEER APPLICATION**

Thank you for your interest in serving as a school volunteer. The application procedure helps us to provide the safest environment for our students. Prior to completing the volunteer application it is required that you read the District's policy regarding volunteers. A criminal history/fingerprint check will be obtained. The school's volunteer coordinator will contact you upon the application process being completed.

Personal Information

Last Name:	_____	First Name:	_____
Social Security Number:	_____	Date of Birth:	_____
City of Birth:	_____	State of Birth:	_____
Gender:	_____	Race:	_____
Home Phone: ()	_____	Business Phone: ()	_____
Home Address:	_____		
City	_____	State:	_____
Zip:	_____		

School Selection

1. List all schools where you will volunteer:

_____	_____
_____	_____
_____	_____

2. If you have children attending those schools, list the child's name, grade, and school:

Child's First & Last Name: _____

School Child Attends: _____

Grade: _____

Child's First & Last Name: _____

School Child Attends: _____

Grade: _____

Child's First & Last Name: _____

School Child Attends: _____

Grade: _____

Volunteer Availability

I am available at the following times:

	Morning	Afternoon
Monday	<input type="checkbox"/>	<input type="checkbox"/>
Tuesday	<input type="checkbox"/>	<input type="checkbox"/>
Wednesday	<input type="checkbox"/>	<input type="checkbox"/>
Thursday	<input type="checkbox"/>	<input type="checkbox"/>
Friday	<input type="checkbox"/>	<input type="checkbox"/>

Education Information

Highest Level of Education Completed: _____

Employment Information

Current Employer: _____

Address: _____

Position: _____

Years with Employer: _____

Past Volunteer Experience

Name of Organization: _____

Contact Name: _____

Address: _____

Can we contact your supervisor? Yes No

Name of Supervisor & Supervisor's Position: _____

Phone Number: (____) _____

When did you volunteer? From: _____ To: _____

References

List two references who have known you for at least one year and are not related to you. Please notify your references to expect us to contact them.

Name # 1: _____

Name # 2: _____

Phone: _____

Phone: _____

Relationship: _____

Relationship: _____

Email: _____

Email: _____

Background Security Information

To safeguard the children we serve, Kamiah Joint School District screens volunteer applicants. All information is confidential and will not be shared.

Yes No I will cooperate with the Kamiah Joint School District in obtaining a fingerprint background check.

Yes No Have you ever been convicted of a felony? If yes, explain:

Yes No Have you ever committed any criminal offenses against a minor?

Yes No

Have you ever been arrested, found guilty, entered a plea of no contest or had adjudication withheld in a criminal offense other than a minor traffic violation?

Statement of Understanding & Signature (Required)

I have read the District's policy and procedure regarding volunteers. I fully understand the policy and procedure and agree to abide by them.

I affirm that all of my responses are true, complete, and correct to the best of my knowledge and are made in good faith. In addition, I certify that I have reviewed the above criminal history information and responded truthfully. I understand that all involvement with students is restricted to approved school activities. In exchange for the benefit I receive from being allowed to volunteer within the Kamiah Joint School District I agree to indemnify Kamiah Joint School District from any and all responsibility of liability that they may incur as a result of volunteering my services to the District.

Signature

Name Printed

Date