

**PAYETTE SCHOOL DISTRICT NO. 371  
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, Payette School District screens volunteer applicants. All information is confidential and will not be shared.

Yes  No  I will cooperate with the Payette 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 Payette School District I agree to indemnify Payette School District from any and all responsibility of liability that they may incur as a result of volunteering my services to the District.

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Signature

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Name Printed

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Date