

APPLE CREEK SCHOOL VOLUNTEER APPLICATION

Completion of this application is a prerequisite for obtaining permission to volunteer in the Apple Creek School District.

Please print clearly.

Date: _____

Personal Information:

Name: _____

Address: _____

City/State/Zip: _____

Phone Number: _____ Work Number: _____

E-mail Address: _____

What is your affiliation with Apple Creek School? _____

Position you are interested in volunteering for? _____

Do you have previous volunteer experience? Yes No

List Qualifications: _____

Do you have a valid driver's license? Yes No

If yes, please provide number _____

Your auto insurance will be responsible for any injury that may occur to a child while transporting them to a school function.

Have you ever been convicted of a crime? Yes No

If yes, explain _____

I agree to a state and federal criminal background check, at Apple Creek School's expense? Yes No (Records obtained by the District for background and other record checks will be used solely for purposes that they were requested and will only be retained in accordance with the personnel records policy.)

I have read and understand the Apple Creek School's Volunteer Program Policy ACSB-10 and agree to abide by the policies set forth; I further agree to follow any job description defined for the position I am applying for and further.

Signature _____

Date _____

POLICY ADOPTED: 11 Jan 10
POLICY AMENDED: