## **APPLICATION FORM**

## **Naples Central School District Volunteer**

District Office 136 North Main Street Naples, NY 14512  (Phone) 585-374-7901  (Fax) 585-374-5859  Personal Information  Date of Birth:  Last First Middle  Address:  Telephone number: Driver's License:  Description of Volunteer Duties  Position: Dates of Service: Have you filed an application to volunteer with us before? Yes No If yes, give date  Are you currently employed? Yes No If yes, may we contact your present employer? Yes No  If yes, please provide a name and phone number for us to contact:  Medical Record Do you have any impairments, physical, mental or medical, which would prevent you from performing in a reasonable manner the activities involved in the volunteer position for which you are applying? Yes No  If yes, please explain:  Meferences  Please give the names of three persons not related to you, whom you have known at least five years. These individuals should be able to comment knowledgeably about your character.  Years	Mail to:			01			
Classroom Volunteer   Classroom Volunteer   Naples, NY 14512   Other:	Naples Central School District Office			Chaperon	е		
Personal Information	136 North Main Street		Classroom Volunteer				
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	Name	Address		Phone Number	Business		

Name:	Date:			
<u>Background</u>				
Have you ever been convicted of a crime (other than a minor traffic offe	ense or violation)?YesNo			
If yes, please explain:				
Have you ever been the subject of an "indicated report" filed with the and maltreatment?YesNo	e statewide register of child abuse			
If yes, please explain:				
Have you ever been the subject of or the respondent in a child prote issued a finding of abuse and/or neglect of a child?Yes	•			
If yes, please explain:				
I certify that all statements made by me on this application are true and comisleading statements made by me will be considered justification for discontinuation of <b>volunteer status</b> .	·			
Applicant's Signature	Date			
Board of Education Approval	Date			