

APPLICATION FORM

Naples Central School District Volunteer

Mail to:
 Naples Central School
 District Office
 136 North Main Street
 Naples, NY 14512

(Phone) 585-374-7901
 (Fax) 585-374-5859

___ Chaperone
 ___ Classroom Volunteer
 ___ Other: _____

Personal Information

Date of Birth: _____

Name: _____
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: _____

References

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.

| Name | Address | Phone Number | Business | Years Acquainted |
|------|---------|--------------|----------|------------------|
| | | | | |
| | | | | |
| | | | | |

Name: _____

Date: _____

Background

Have you ever been convicted of a crime **(other than a minor traffic offense or violation)**? ____ Yes ____ No

If yes, please explain: _____

Have you ever been the subject of an "indicated report" filed with the statewide register of child abuse and maltreatment? ____ Yes ____ No

If yes, please explain: _____

Have you ever been the subject of or the respondent in a child protective proceeding where the court issued a finding of abuse and/or neglect of a child? ____ Yes ____ No

If yes, please explain: _____

I certify that all statements made by me on this application are true and complete. I understand that any false or misleading statements made by me will be considered justification for disqualification of my application or termination of **volunteer status**.

Applicant's Signature

Date

Board of Education Approval

Date