

OLEAN CITY SCHOOL DISTRICT  
410 West Sullivan Street • Olean, New York 14760  
<http://www.oleanschools.org>  
General Information (716) 375-8000

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**SCHOOL VOLUNTEER APPLICATION FORM**

**Instructions:** Thank you for your interest in working with the children and staff of the Olean City School District. Please complete all portions of this application form and return it to the Building Principal. If you have any questions regarding the completion of this form or your activities as a volunteer, please contact the Building Principal.

**Personal Information**

Full Name: \_\_\_\_\_  
Last First Middle

Address: \_\_\_\_\_  
Street City, State Zip Code

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

I am a: (Please check one)  Parent/Guardian  Grandparent/Relative  Community Member

**Emergency Contact Information**

Name: \_\_\_\_\_ Relationship to you: \_\_\_\_\_

Daytime Phone Number: \_\_\_\_\_

**Volunteer Interests and Availability**

Please indicate the types of activities you hope to be affiliated with as a school volunteer. (Check all that apply)

<input type="checkbox"/> Reading	<input type="checkbox"/> Library	<input type="checkbox"/> Clerical/Office	<input type="checkbox"/> Grounds/Outdoors
<input type="checkbox"/> Classroom Assistance	<input type="checkbox"/> Sporting Events	<input type="checkbox"/> School Events	<input type="checkbox"/> Homework Helper
<input type="checkbox"/> Special Projects	<input type="checkbox"/> Field Trip/Chaperone	<input type="checkbox"/> Coach _____	<input type="checkbox"/> Other _____

Location: (Check all that apply)  East View  Washington West  OIMS  OHS

**Availability:** (Please write in your preferred hours and days below)

Monday		Tuesday		Wednesday		Thursday		Friday	
AM	PM	AM	PM	AM	PM	AM	PM	AM	PM

Describe special medical conditions (allergies, etc.) or special accommodations that you would like us to be aware of:

\_\_\_\_\_



**Background Information**

None of the circumstances below represents an automatic bar to volunteer. Each case is considered and evaluated on individual merits in relation to the duties and responsibilities of the activities for which you are applying.

Have you ever been convicted of a crime?  Yes  No

Have you ever been disciplined or fired from an organization?  Yes  No

Have you ever resigned from employment rather than face dismissal?  Yes  No

Please explain any "yes" answers: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**References:**

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

I have read and I understand the volunteer application and I affirm that all statements and answers are true and accurate. I have been advised and understand that if I have represented, that I do have a pending criminal charge or conviction in any jurisdiction in or outside the State of New York, I may be asked and hereby agree to provide additional information concerning the charge and/or conviction. I also understand that the District may seek additional information from third parties, and I hereby authorize any third parties to provide the District with such information as it may request on this subject. I agree that a photocopy of this authorization may be accepted with the same authority as the original. I hereby waive and release all third parties, including all persons and institutions and other organizations, from any liability arising from the disclosure of any such information, whether in writing or orally, and further waive and release the District from liability arising from the gathering of the aforementioned information, or the use, publication or retention of such information.

Signature of Applicant: \_\_\_\_\_ DATE: \_\_\_\_\_

**Olean City School District Use Only**

School \_\_\_\_\_ Date \_\_\_\_\_ District Office Review by \_\_\_\_\_ Date \_\_\_\_\_

Assignment \_\_\_\_\_ Ref. Checked by \_\_\_\_\_ Date \_\_\_\_\_

**Approved by** Bkgr. Checked by \_\_\_\_\_ Date \_\_\_\_\_

Principal/Designee \_\_\_\_\_ Date \_\_\_\_\_

