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: ___________________________

Social Security # ___________________________ (SS# needed for fingerprinting)

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)

□ Reading    □ Library    □ Clerical/Office    □ Grounds/Outdoors
□ Classroom Assistance    □ Sporting Events    □ School Events    □ Homework Helper
□ Special Projects    □ Field Trip/Chaperone    □ Coach ____________    □ Other ____________

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

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

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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 ____________________________ Date ___________  Ref. Checked by _____________ Date ______

Approved by
Principal/Designee_______________________ Date ___________  Bkgr. Checked by _____________ Date ______