

**Geneva City School District
Application for School Volunteer
Draft**

Name: _____ Date: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number: _____ Date of Birth: _____

Email Address: _____ Driver's License: _____

Volunteer Experience: Please tell us why you are applying as a volunteer and if you have specific skills or experience that you bring to our district:

Which School do you prefer? Please check: **GHS** **GMS** **NSS** **WSS** **N/A**

When can you volunteer? (Specific days/times, etc) _____

References

Please give the names of 2 persons not related to you, whom you have known for at least 2 years. These individuals should be able to comment knowledgeably about your character.

1).Name: _____ **Phone:** _____

Address: _____ **Email Address:** _____

Relationship to you: _____

2).Name: _____ **Phone:** _____

Address: _____ **Email Address:** _____

Relationship to you: _____

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 understand the following: (please initial each statement below)

_____ If accepted for a volunteer assignment with the Geneva City School District, I agree to abide by the district’s rules, regulations and Code of Conduct.

_____ I affirm the information contained in this application is complete and true to the best of my knowledge.

_____ Any misrepresentation or omission of facts will be cause for immediate dismissal.

_____ I agree to attend an orientation meeting conducted by a GCSD teacher or administrator prior to beginning my volunteer services.

_____ If accepted for a volunteer assignment, I will be expected to observe confidentiality with respect to all information I may possess regarding my interactions with GCSD, its students, families and staff, and any knowledge of the contents of confidential records.

I give my permission to pass this information to those schools where my skills and interest can be best utilized.

Signed:_____Date:_____