School Volunteer Form

Please complete and submit this form to the Kaufman Center or any school if you are interested in serving as a volunteer. This form must only be submitted at the time of first service.

I. VOLUNTEER INFORMATION

Name___________________________________________________________

Last    First    Middle

Address__________________________________________________________

Street      City/State/Zip

Telephone____________________

Employer______________________________Telephone__________________

Interest in volunteering at: (check all that apply)

_____ All Schools   _____ Barry Primary   _____ Smith Intermediate

_____ Randall Middle   _____ Junior High School   _____ High School

II. EDUCATIONAL BACKGROUND

High School_____________________________________________________

College_____________________________________________________

III. EXPERIENCES WITH CHILDREN

________________________________________________________________

________________________________________________________________

________________________________________________________________

IV. SPECIAL INTEREST OR HOBBIES

________________________________________________________________

________________________________________________________________

________________________________________________________________

V. Have you ever volunteered in a school?  Yes______  No______

Name of School____________________________________________________

Have you ever been employed in any school setting? Yes______  No______
VI. Have you ever been convicted? Yes______ No______
If yes, please explain.
________________________________________________________________
________________________________________________________________
________________________________________________________________
________________________________________________________________
________________________________________________________________

VII. REFERENCES
List two references, not related to you, who have firsthand knowledge of your character, personality, scholarship and working ability. *Retired district employees may list a current administrator as a reference. Only one required.*

Name_________________________ Position_________________________
Address________________________ Street_________________________ City/State/Zip
Telephone____________________

Name_________________________ Position_________________________
Address________________________ Street_________________________ City/State/Zip
Telephone____________________

The information provided herein is accurate. I give the Cortland Enlarged City School District permission to request information and records. I understand that the District may deny or revoke privileges.

_______________________________________  _____________________
Applicant’s Signature          Date

The Cortland Enlarged City School District reserves the right to deny and/or revoke volunteer privileges.

Reference check completed by____________________________ Date_____________

Volunteer recommended by_______________________________ Date_____________