

**WASHINGTON ISLAND SCHOOLS
VOLUNTEER APPLICATION and DISCLOSURE**

NAME _____
(Last) (First) (Middle)

ADDRESS _____
(Street) (City) (State) (Zip)

PHONE _____ DATE OF BIRTH _____

*SSN # _____ DATE OF APPLICATION _____

* A social security number is required for the background check service the school uses. This provides accurate identification and complete information from across the country.

1. Have you ever been convicted of a misdemeanor or felony (include DWI, public intoxication, deferred judgments, etc.) Yes No
2. Have you ever been convicted, or had an administrative finding, of violating any law involving child abuse, sexual abuse, physical abuse, sexual harassment or exploitation, or any other crime related to children? Yes No
3. Have you ever been the subject of or listed as the perpetrator in a founded child abuse report? Yes No
4. Do you currently have charges pending or are there any ongoing investigations relating to any of the aforementioned? Yes No
5. Has your driver's license every been suspended or revoked for any reason? (Answer is to be used in determining volunteer drivers) Yes No

** A "YES" answer to any of the questions listed above requires an explanation on a separate attachment. **

NOTE: A pending criminal charge or past criminal conviction will not automatically bar you from employment. Non-traffic convictions that occurred within the last 5 years will automatically disqualify you as a volunteer.

HOW ARE YOU WILLING TO VOLUNTEER? (check all that apply)

within the school working from home no preference

WHAT DAYS OF THE WEEK ARE YOU AVAILABLE TO VOLUNTEER? (check all that apply)

Monday Tuesday Wednesday Thursday Friday

LIST THE TIMES OF DAY YOU ARE AVAILABLE TO VOLUNTEER: _____

HOW OFTEN ARE YOU WILLING TO VOLUNTEER? (check one)

More than 1x / Week 1x / Week 1x / Month Other _____

WHICH GRADE LEVEL DO YOU PREFER TO WORK WITH?

___ 1ST / 2ND ___ 3RD / 4TH ___ 5TH / 6TH ___ 7TH / 8TH ___ HS ___ Anywhere

Following is a general listing of some of the volunteer opportunities that are available in the Washington Island Schools. Please check the opportunities that are of interest to you.

- ___ Tutoring children one-on-one or in small groups.
- ___ Clerical (e.g., assisting groups of students, field trips, creating/managing instructional materials)
- ___ General School (e.g., organizing, supervising, or managing special activities, events or programs.
- ___ Before and/or After School Programs (please specify) _____
- ___ Special Skills or Talents (list those you have and are willing to contribute (e.g., music, artistic, leadership, group supervision, fund raising, technology, career day presenter, special experiences) _____

- ___ Other ways I could help: _____



By signing this application, I agree that I, as a volunteer of the Washington Island School District, fully understand that this position is, as stated, on a volunteer basis, which inherent in its meaning, entitles me to no pay or wages for my service from the Washington Island School. I further understand that I am expected to follow the rules of behavior that are expected of the Washington Island School staff and other rules as they pertain to my duties. I understand that the information included on this form will be added to a school district database and that I may be contacted to volunteer in the areas I have specified. I understand that this volunteer agreement can be terminated without notice at any time by either the school district or the volunteer.

I have read and understand the agreement and hereby authorize any federal, state, or local law enforcement agency to release to the Washington Island School all criminal history data concerning myself. The term "criminal history data" as used in this authorization includes all arrest, conviction, disposition, and correctional data.

Print Name: _____ Signature: _____

Emergency Contact Name: _____ Phone: _____

ADMINISTRATOR SIGNATURE _____ START DATE _____

STATUS OF APPLICATION

___ Approved ___ Not Approved _____ Date

Administrator Signature _____