

ADULT INVOLVEMENT APPLICATION

For Volunteer Program

NAME: _____

ADDRESS: _____

PHONE: _____

What are you volunteering for? _____

Please check the days and the time available.

Monday Tuesday Wednesday Thursday Friday
am
pm

How often a month can you participate? _____

Are you more comfortable working with a particular grade level? Yes No

Which ones? _____

Have you worked with children before? Yes No

In what capacity? _____

Please list below previous work and/or volunteer experience. Include where, when, and what you did. _____

Have you ever been convicted of a felony? Yes No

What are your hobbies? _____

What are your special interests? _____

Please call Mr. Hirschey, Elementary School Principal at 389-5131 Ext. 1300, if you have any questions.

Please return this application to the Elementary School Office.

Approved _____
Johnathan R. Hirschey, Elementary Principal

Robert Stewart, Superintendent

Brasher Falls Central School District St. Lawrence Central School

P.O. Box 307
Brasher Falls, New York 13613
(315) 389-5131
(315) 389-5245 Fax

August 3, 2015

Procedure to complete Fingerprinting:

- 1). Contact MorphoTrust at their website – www.identogo.com or call (877) 472-6915.
- 2). Click on New York State on the map
- 3). Provide your Name
- 4). Provide the ORI Number which is TEACH
- 5). Provide fingerprint reason (down arrow – Employee Applicant)
- 6). Type in your zip code
- 7). Decide on your nearest location and/or available date
- 8). Click to Schedule (down arrow for time of appointment)
- 9). Complete the Applicant's Information (Demographics)
- 10). Select the form of ID's
- 11). Select form of payment
- 12). Registration is Completed
- 13). Print the completed Registration as your receipt.