

ALEXANDER CENTRAL SCHOOL
3314 BUFFALO STREET
ALEXANDER, NY 14005
(585) 591-1551

APPLICATION FOR VOLUNTEERS

PERSONAL INFORMATION

NAME _____
(LAST) (FIRST) (MI)

ADDRESS _____
(STREET) (CITY) (STATE) (ZIP)

PHONE NUMBER _____
(HOME) (WORK) (CELL)

E-MAIL ADDRESS _____

GENERAL

WHAT VOLUNTEER SERVICES ARE YOU APPLYING FOR: _____

TEACHING CERTIFICATION: YES NO

DATE(S) OF CERTIFICATE(S): _____

CERTIFICATE NUMBER(S): _____

AREA(S) OF CERTIFICATION: _____

PROFESSIONAL COACHING CERTIFICATE: YES NO

DATE OF CERTIFICATE: _____

EMPLOYER

LIST BELOW YOUR CURRENT OR LAST EMPLOYER

DATE (MONTH AND YEAR)	NAME AND ADDRESS OF EMPLOYER	POSITION
FROM/TO:		

REFERENCES LIST BELOW THREE PERSONS NOT RELATED TO YOU, WHOM YOU HAVE KNOWN AT LEAST ONE YEAR

NAME & ADDRESS	PHONE NUMBER	YEARS ACQUAINTED

EMERGENCY INFORMATION IN CASE OF EMERGENCY PLEASE NOTIFY:

NAME _____ PHONE(S) _____

HAVE YOU EVER BEEN CONVICTED OF A MISDEMEANOR OR FELONY (EXCEPT TRAFFIC VIOLATIONS)?

YES _____ NO _____

IF YES, ATTACH SUMMARY OF DETAILS. DISCLOSURE OF A CRIMINAL RECORD DOES NOT AUTOMATICALLY DISQUALIFY YOU FROM VOLUNTEER CONSIDERATION. YOUR CASE WILL BE JUDGED ON ITS OWN MERITS.

MY SIGNATURE BELOW INDICATES THAT THE ANSWERS I HAVE GIVEN ABOVE AND ON ANY ATTACHMENTS ARE TRUTHFUL TO THE BEST OF MY KNOWLEDGE. I FURTHER UNDERSTAND THAT ANY MATERIAL FALSE STATEMENTS WILL BE GROUNDS FOR DENYING MY APPLICATION, OR TERMINATING MY APPROVAL AS A VOLUNTEER, IF ALREADY APPROVED I AUTHORIZE INVESTIGATION OF ALL STATEMENTS CONTAINED IN THIS APPLICATION.

SIGNATURE _____ DATE _____

REVIEWED BY: _____ DATE: _____

APPROVED NOT APPROVED