

SCHOOL UNION 69

VOLUNTEER APPLICATION FORM

THE FOLLOWING INFORMATION IS REQUESTED TO HELP US COORDINATE
VOLUNTEER SERVICES AND TO ENSURE STUDENT SAFETY.

Full Name: _____

Permanent Address: _____

Telephone: _____ E-mail Address: _____

Date of Birth (required for background check): _____

Social Security Number: _____

BACKGROUND:

The following information is asked of all individuals who volunteer to work with our children to help insure the safety of our students.

Have you ever been charged with or investigated for sexual abuse or harassment of another person? Yes___ No___

Have you ever been convicted of a crime (other than a minor traffic offense)? Yes___ No___

Have you ever entered a plea of guilty or "no contest" (nolo contendere) to any crime (other than a minor traffic offense)? Yes___ No___

Has any court ever deferred, filed or dismissed proceedings without a finding of guilty and required that you pay a fine, penalty or court costs and/or imposed a requirement as to your behavior or conduct for a period of time in connection with any crime (other than a minor traffic offense)? Yes___ No___

If you answered YES to any of the previous questions, provide full details below, including with respect to court actions, the date, offense in question, and the address of the court involved (attach additional page(s) if necessary).

If you have lived outside of Maine, please identify the states and dates:

Refusal to provide authorization for reference and/or criminal records checks and/or providing false or misleading information on this registration shall constitute sufficient reason to deny approval to serve as a volunteer or termination as a volunteer at Appleton Village School.

I understand that any School in School Union 69 performs reference and criminal records checks on all volunteers and I authorize persons and entities contacted by the School Department in connection with this application to provide information about me. I expressly waive in connection with any request for or provision of such information, any claims, including without limitation, defamation, emotional distress, invasion of privacy, or interference with contractual relations that I might otherwise have against the school department, its agents and officials or against any provider of such information. I further understand that if I am approved as a volunteer, that I will be required to sign a Volunteer Agreement and attend a Volunteer Orientation.

Applicant Signature

Date: _____

OFFICE USE ONLY

- _____ Application reviewed for completeness
- _____ References checked (attach documentation)
- _____ Criminal record checked (attach documentation)

Application approved: _____

Application denied: _____

Date: _____