



# Volunteer Application

## 1. Personal information

Last name

First name

Middle initial

Organization *(if applicable; this includes businesses, colleges, religious institutions, etc.)*

Current age

Phone

Email

Street address

Apt. #

City

State

Zip code

Emergency contact name

Emergency contact phone

## 2. Volunteer interests

**WHERE** | Please identify the schools and/or grade levels where you are interested in volunteering:

**WHAT** | Please identify any areas of interest, specific activities or skills you would like to focus on while volunteering:

**WHEN** | Please describe your availability to volunteer below:

**WHY** | Please briefly describe why you are interested in volunteering:

**OTHER** | Please list any other relevant information *(other languages spoken, prior teaching or volunteer experience, etc.)*:

## 3. References

1	<input type="text"/>	<input type="text"/>
	Reference name	Reference email
2	<input type="text"/>	<input type="text"/>
	Reference name	Reference email
3	<input type="text"/>	<input type="text"/>
	Reference name	Reference email

  

<input type="text"/>	<input type="text"/>
Reference phone number	Reference street address

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<input type="text"/>	<input type="text"/>
Reference name	Reference email
<input type="text"/>	<input type="text"/>
Reference phone number	Reference street address

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<input type="text"/>	<input type="text"/>
Reference name	Reference email
<input type="text"/>	<input type="text"/>
Reference phone number	Reference street address

## 4. Background check authorization

Have you ever been convicted of or do you have any charges pending for felonies, misdemeanors, and/or ordinance violations **other than minor traffic violations**?  Yes  No

If yes, please list the **date, location, nature** and **circumstances** of the offense(s):

It is the policy of the City School District of Albany (the district) to require all volunteers to complete this disclosure statement. Subsequently, the district will complete a background check through the New York State Division of Criminal Justice Sex Offender Registry before a volunteer application is approved. In addition, all visitors must sign in through the district's Raptor security system each time they enter a district building. The Raptor system conducts a background check at that time.

By signing, I authorize the district to review my personal background. I consent to having the district conduct a background check as described above.

I understand that any misrepresentation on this statement may result in immediate disqualification for any volunteer service within the district. I understand that the district will verify the information I have provided above.

I hereby release the district, its board and its agents, as well as all providers of information, from any liability related to furnishing and receiving information related to arrests and convictions.

<input type="text"/>	<input type="text"/>	<input type="text"/>
Printed name	Signature	Date

## Return completed application via email or postal mail to:

**Cathy Edmondson**  
 Community Engagement Coordinator  
 cedmondson@albany.k12.ny.us  
 (518) 475-6067

City School District of Albany  
 Community Engagement Dept.  
 1 Academy Park  
 Albany, NY 12207