



STUDENT VOLUNTEER APPLICATION

*Date of Application: _____

*Name: _____
(Last) (First)

*Local Residence: _____
(Street Address) (City, State, Zip Code)

*Phone: _____
(Home) (Cell)

*Email address: _____

*Student's School for this academic year: _____

*Sponsored by student group, program, or course/class (if any): _____

*Emergency Contact: _____
(Name) (Phone Number)

*At which school(s), if known, would you like to volunteer? _____

*How will you travel? (underline all that apply) Walk Bike Bus Car Other: _____

*Are there specific activities, experiences, languages or other skills you want to focus on?

*If already set up for volunteering, give your district contact's name: _____

*Please indicate the times you are available to volunteer:

Approximate Start Date: / / Hours: _____

Days: (underline one or more) Monday Tuesday Wednesday Thursday Friday

Periods: (underline one or more) Fall Semester Spring Semester Summer

Other, e.g. breaks, terms, etc. (specify) _____

*Are you expecting to get academic or other credit for your volunteer work?
(underline one) YES NO *If YES, class/ club/ other: _____

*Are you expecting this work will be funded by the City's Summer Youth Employment program?
(underline one) YES NO

REFERENCES:

- Provide the names of two individuals who have knowledge of your character and abilities to work in a school environment.
- Include the group leader, class teacher, or program administrator if you will get credit for this volunteering.

| | Name | Relationship (e.g. teacher, guidance counselor, social worker, minister) | Phone Number |
|----|------|--|--------------|
| 1. | | | |
| 2. | | | |

BACKGROUND CHECK AGREEMENT

It is the policy of the City School District of Albany (CSDA) to require all volunteers to complete this Disclosure Statement. Subsequently, the District will complete a background check for conviction(s) and pending charges.

*Social Security Number: _____ Number of years at above address: _____

Date of Birth: ____/____/____ Driver's License Number: _____

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 fill in the information below and include date, location, and nature & circumstances of the offense.

By signing, I authorize the CSDA to review my personal background. I consent to having the CSDA conduct a full and complete criminal background check. I understand that any misrepresentation on this statement may result in immediate disqualification for any volunteer service within the CSDA. I understand that the CSDA 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.

*Your social security number will be used as stated above. State and federal laws protect the privacy of your records.

(Applicant's Signature)

(Date)

Please sign and return the printed version of this form to any City School District of Albany main office, or mail it to Fiona Thompson, Volunteer Coordinator, 700 Washington Avenue, Albany NY 12203.