



SCHOOL VOLUNTEER APPLICATION

Date of Application: _____

Name: _____
(Last) (First)

Address: _____
(Street Address) (City, State, Zip Code)

Telephone: _____
(Home) (Work) (Cell)

E-mail address: _____

Sponsoring Agency (if any) e.g. non-profit, college, business: _____

Emergency Contact: _____
(Name) (Phone Number)

Identify **any school(s)** at which you wish to volunteer: _____

Identify **areas of interest, specific activities or skills** on which you wish to focus your volunteering:

Do you speak **any languages other than English**? _____

Please indicate the **times your services will be available**:

Day(s) of week: _____

Hours: _____

If you are not available on a regular basis, please give **some idea of your time commitment**:

Have you **taught in our schools**? YES _____ NO _____ If 'yes', which years? _____

Have you **volunteered in our schools before**? YES _____ NO _____

Please indicate if you are **currently volunteering** in our schools: YES _____ NO _____

Which school(s)?	Which staff members?	When?

SCHOOL VOLUNTEER APPLICATION

References: Provide the names of two individuals who have knowledge of your character, personality, and abilities to work in a school environment:

	Name	Address (Street, City, State, Zip Code)	Telephone Number
1.			
2.			

If vouching for this volunteer, **Principal's signature:** _____

Principal's name and school (print): _____

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.