

**WAPPINGERS CENTRAL SCHOOL DISTRICT
SCHOOL VOLUNTEER APPLICATION**

The Wappingers Central School District deeply respects and encourages the many efforts of our exceptional volunteers who give so willingly of their time to the students and staff of our schools.

Name: _____ Date: _____
Last Name, First Name, Middle Initial

Address: _____
Street Address, City, State, Zip

Telephone Numbers: (_____) _____ (_____) _____ (_____) _____
Home Mobile Work

Emergency Contact Name & Telephone Number(s) _____

I wish to volunteer at the _____ School(s)
in the _____ Activity/Program(s)

References:

1. _____
Name, Address, Telephone Number(s)

2. _____
Name, Address, Telephone Number(s)

Please answer the following questions. If you answer "yes" to either question, please provide an explanation on a separate page.

1. Have you ever been convicted of, admitted committing, pleaded no contest, or are you awaiting trial for any crime (excluding minor traffic violations not involving alcohol or drugs)? Yes _____ No _____
2. Are you now being investigated for any alleged misconduct or other alleged grounds for discipline by any authority regarding any claim of either substance abuse or physical/mental abuse of another person? Yes _____ No _____

I will inform the WCSD Office of Human Resources within three days if, during my tenure as a volunteer, question number 1 or 2 becomes applicable.

I have read the Wappingers Central School District Volunteer Policy #4532 and agree to comply with its requirements. I understand that the Board of Education can terminate my services as a volunteer at any time, with or without cause, including for any instance of elevating the interests of any particular student over the interests of other students.

Applicant's Signature _____ Date _____

Please return this completed application to the Principal of the school or Coordinator of the program in which you wish to volunteer.

----- PLEASE DO NOT WRITE BELOW THIS LINE -----

_____/_____
Name / Signature of Employee-Supervisor Date

_____/_____
Name / Signature of Supervising Administrator (Principal/Principal's Designee or Coordinator) Date