



## 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 staff and students of our schools.*

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone #'s: Home: \_\_\_\_\_

Work: \_\_\_\_\_

Mobile: \_\_\_\_\_

**Emergency Contact (Name & Number):**

\_\_\_\_\_

\_\_\_\_\_

I wish to volunteer at the \_\_\_\_\_ school in the \_\_\_\_\_ activity/program for the \_\_\_\_\_ school year.

### References:

1. Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone #: \_\_\_\_\_

2. Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone #: \_\_\_\_\_

*Please answer the following two questions. If the answer is "yes" to any 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 and/or mental abuse of another person?**

Yes \_\_\_\_\_ No \_\_\_\_\_

# WAPPINGERS

Central School District

- 3.) I will inform the WCSD Human Resources department within three days if during my tenure as a volunteer question number 1 or 2 above 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 Director of the program in which you wish to volunteer.*

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

\_\_\_\_\_/\_\_\_\_\_ Date:\_\_\_\_\_

Name/Signature of Employee-Supervisor

\_\_\_\_\_/\_\_\_\_\_ Date:\_\_\_\_\_

Name/Signature of Supervising Administrator  
(Principal/Principal's Designee or Director)