

**SOUTH BURLINGTON SCHOOL DISTRICT
VOLUNTEERS AND WORK-STUDY STUDENT FORM**

Mr. Ms. Mrs. Miss Other: _____

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Daytime Phone: _____ Evening Phone: _____

Email: _____

Background Information:

Education: High School Associates/Some College Technical School Bachelor/Post Grad

Current Occupation: _____

Hobbies, Skills, and Interests: _____

Previous Volunteer Experience _____

Volunteer Preferences: (Please check all that apply)

- One-on-one work with an individual student
- Provide assistance to a group of students
- Assist a staff person with project or tasks
- Assist with general office/clerical duties
- Provide research, training or help with an individual project
- Occasional work on projects or special assignment
- Specific Age Group: Pre K (age 0-5) Grades K-3 Grades 4-5 Grades 6-8 Grades 9-12
- Other: _____

Location Preference: (Please check all that apply)

- No preference/District
- High School
- Middle School
- Rick Marcotte Central School
- Chamberlin School
- Orchard School
- Other: _____

Time Preference: (Please check all that apply)

- No Preference/Flexible Morning Afternoon All Day
- Any day of the week Monday Tuesday Wednesday Thursday Friday Saturday Sunday

Required Information (this information is in compliance with 16 VSA, Chapter 5, Subsection 4. The District is required and will conduct background checks on all volunteers. The District will access information through the Vermont Criminal Information Center (VCIC), other states and the FBI as allowable under the Vulnerable Populations or National Child Protection Act Procedures. Results will be kept in a confidential file in the Superintendent' Office)

1. Have you ever been convicted, found guilty, or pleaded " nolo contendere" to a criminal offense?
 No Yes , please explain: _____
2. Have you ever been charged with neglect, abuse, or assault?
 No Yes , please explain: _____
3. Has your driver's license ever been suspended or revoked in any state?
 No Yes , please explain: _____
4. Is there any other information that may show on a background check that may impact your volunteer status?
 No Yes , please explain: _____

Please provide the names and contact information of two persons who serve as a reference:

Reference 1: Mr. Ms. Mrs. Miss Other: _____

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Daytime Phone: _____ Evening Phone: _____

Email: _____

Reference 2: Mr. Ms. Mrs. Miss Other: _____

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Daytime Phone: _____ Evening Phone: _____

Email: _____

I certify that the information contained in this form is true and complete to the best of my knowledge. I understand that false or incomplete information is grounds for disqualification from further consideration. I hereby authorize the District to contact my references and any other individual or organization to speak freely about my skills and abilities. Further, I understand that nothing contained in this application or related materials is intended to create an employment contract between myself and the District. I hereby acknowledge that I have read and understand above statements and consent thereto.

Signature: _____ Date: _____

