

SCHOOL VOLUNTEER APPLICATION - Code No. R-353.1

Please Print

School _____

Check one: Chaperone Classroom Helper Field Trip Volunteer Other _____

_____ Last Name _____ Legal First Name _____ Middle Initial _____

_____ Street _____ City _____ State _____ Zip _____

Date of Birth _____ Phone _____

Occupation _____ Current Employer _____

Skills/Background/Training that qualifies you for the position: _____

REFERENCES: 1. _____

Name	Phone
2. _____	_____
_____	_____

I, as a volunteer working in the Burlington Area School District, fully understand that this position is, as stated, on a volunteer basis, which, inherent in its meaning, entitles me to no pay or wages for my service from the Burlington Area School District. I further understand that I am expected to follow the rules of behavior that are expected of the Burlington Area School District staff and other rules as they pertain to my duties. I do understand that this volunteer agreement can be terminated without notice at any time by either the school district or the volunteer. I understand that as a volunteer I will not be covered under Burlington Area School District worker's compensation insurance.

- I authorize the district to conduct a caregiver background check at the district's expense.
 I acknowledge that all information on this form is truthful and accurate.

List all convictions and pleas of "nolo contendere" or no contest for any offense or violations (including felony, misdemeanor or municipal ordinance) other than minor traffic violations, and list all pending criminal charges.

Convictions/Pleas of No Contest		
Location	Date	Nature of Conviction
Pending Criminal Charges		
Location	Date	Nature of Conviction

Signature _____ Date _____