

SCHOOL ADMINISTRATIVE UNIT 18

Franklin & Hill School Districts
119 Central Street
Franklin, New Hampshire 03235

VOLUNTEER APPLICATION

_____ Date

To Volunteer:

In accordance with Policy IJOC – Volunteers please fill out the application form. We appreciate your interest and thank you in advance for volunteering.

PERSONAL

Name: _____
Last First

Present Address: _____
Street City State Zip

Telephone Number: _____

Have you ever been arrested for or convicted of a crime which has not been annulled by a court?

Yes No If yes, please list date of conviction, charge and court result _____

Check All Schools You Wish to Volunteer

- | | | | | |
|---|------------------------------------|------------------------------|---------------------------------------|--|
| <input type="checkbox"/> Volunteer for Paul Smith Elementary | <input type="checkbox"/> Chaperone | <input type="checkbox"/> PTO | <input type="checkbox"/> Sports/Coach | <input type="checkbox"/> Student Teacher |
| <input type="checkbox"/> Volunteer for Franklin Middle School | <input type="checkbox"/> Chaperone | <input type="checkbox"/> PTO | <input type="checkbox"/> Sports/Coach | <input type="checkbox"/> Student Teacher |
| <input type="checkbox"/> Volunteer for Franklin High School | <input type="checkbox"/> Chaperone | <input type="checkbox"/> PTO | <input type="checkbox"/> Sports/Coach | <input type="checkbox"/> Student Teacher |
| <input type="checkbox"/> Volunteer for Jennie D. Blake Elementary | <input type="checkbox"/> Chaperone | <input type="checkbox"/> PTO | <input type="checkbox"/> Sports/Coach | <input type="checkbox"/> Student Teacher |

RECORD OF EDUCATION

Schools Attended	Course of Study	Last Year Completed (Circle One)	Year of Graduation	Degree or Diploma
High:		1 2 3 4		
College:		1 2 3 4		
Other (Specify):				

PERSONAL REFERENCE

NAME	Phone Number

List present employment:

Company Name

Date of Employment (From/To)

Job Position

I UNDERSTAND THAT by registering with the Franklin and Hill School Districts I may chose among the volunteer jobs offered to me and I am under no obligation to accept any placement unless I choose to do so. I also understand the above activities may involve an element of risk and agree to hold the Franklin and Hill School Districts harmless against all claims, loss, or liability. **Please note: When an employee acts as a volunteer rather than in his/her paid capacity, than he/she is not covered by Worker's Compensation.** My signature below indicates that the information given on this application is accurate and complete to the best of my knowledge.

Volunteer Signature _____ Date _____

If under age 18, Parent/Guardian Signature also required _____

EQUAL OPPORTUNITY EMPLOYER

Confidentiality Statement:

There are a number of laws that dictate what is confidential for the privacy of children and families (FERPA, HIPAA, Gramm-Leach Bliley Act) Please sign below agreeing not to disclose information.

I agree not to furnish or release any identifiable financial and/or medical student/family personal information.

Volunteer Signature _____ Date _____