

# Regulation

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COMMUNITY RELATIONS

1012.1

## VOLUNTEER APPLICATION FORM

FOR VOLUNTEERS WHO ASSIST SCHOOL PROGRAMS OR ACTIVITIES ON A REGULAR BASIS

Thank you for your interest in being a volunteer at the Hamilton Central School District. Please provide the following information:

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

Home Telephone Number: \_\_\_\_\_ Work Telephone Number: \_\_\_\_\_

Area of Volunteer Interest: \_\_\_\_\_

Special Skills or Certifications (CPR, First Aide, AED, etc.): \_\_\_\_\_

Volunteers at Hamilton Central School District are expected to:

- Sign in and out with the receptionist and report to the appropriate staff member;
- Wear their Volunteer Tag while in the school building;
- Maintain confidentiality regarding student records and communications;
- Abide by the District's Code of Conduct and the Rules and Regulations of the School and Classroom in which they are volunteering;

I hereby affirm that I have no criminal convictions and that I am of good moral character. I authorize the District to contact the following non-family personal references regarding my background and good moral character:

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

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

Phone: \_\_\_\_\_ Phone : \_\_\_\_\_

I attest that the information provided in this volunteer application is true and correct and agree to abide by the expectations outlined. I understand that my services may be terminated at any time without cause:

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

Approved by Superintendent: \_\_\_\_\_  
Superintendent's Signature

\_\_\_\_\_  
Date of Approval

Designated Supervisor of Volunteer: \_\_\_\_\_

Hamilton Central School District:  
Promulgated: 10/15/08