

NORTHERN WELLS COMMUNITY SCHOOLS – VOLUNTEER APPLICATION

Northern Wells Community Schools is an equal opportunity organization. Applicants who volunteer are considered for participation without regard to race, color, national origin, religion, sex, age, sexual orientation, disability, citizenship status, or any other basis prohibited by law.

Please print and answer all questions.

Date: _____

Full Name: First _____ Middle _____ Last _____

Other Names (Aliases): _____ (Due to information required for the Indiana State Police Volunteer background check, please include all names you have used in the past, example: maiden name, married names, nickname, etc.)

Address: Street _____ City _____ State _____ Zip _____

Telephone: _____ Email Address: _____

Volunteering in reference to which student(s): _____

It is imperative that the character and reputation of our volunteers be above reproach. Therefore, Northern Wells Community Schools conducts a criminal history search on all applicants seeking volunteer status. To conduct this search, the information below is required.

Date of Birth: _____ Place of Birth: _____ Circle One: Male Female

Circle One: American Indian/Alaskan Asian/Pacific Islander Black Multi-Racial White Unknown

Northern Wells Community Schools is committed to selecting volunteers based on their character, ethics, interest and ability to participate in our programs. Please answer the following questions to assist us in that effort.

Do you want to volunteer in a specific school in Northern Wells Community Schools? If so, which one? _____

Is there a specific position for which you are volunteering or are you open to helping where needed? Explain: _____

I am available to volunteer _____ hours per month. Date I am available to start volunteer work: _____

Have you previously volunteered or been employed here? Yes ___ No ___ If yes, give date(s) _____

What skills (such as clerical, academic, computer/internet, athletic, group leadership) do you possess that qualify you to be an effective volunteer in our school(s)? _____

My signature below represents approval for this school corporation to conduct a Limited Criminal History check on me.

I certify that this application was completed by me and that all information is true and complete to the best of my knowledge.

Date: _____ Signature of Applicant: _____

If volunteer applicant is under the age of 18, the application must also be signed by parent/guardian.

Signature of Parent/Guardian of Volunteer Applicant: _____