

**GROTON CENTRAL SCHOOL DISTRICT**  
**APPLICATION FOR VOLUNTEERS**

**Date:** \_\_\_\_\_

**Name:** \_\_\_\_\_  
 (Last) (First) (Middle)

**Address:** \_\_\_\_\_  
 (Street) (City) (State) (Zip)

**Phone #:** \_\_\_\_\_  
 (Home) (Work) (Cell)

**Email:** \_\_\_\_\_

**General:** What volunteer services are you willing to perform? \_\_\_\_\_  
 \_\_\_\_\_

**Employer:** List below your current or last employer.

DATE, MONTH AND YEAR	NAME AND ADDRESS OF EMPLOYER	POSITION/RESPONSIBILITIES
From		
To		

**Volunteer Experience**

What community, school or organizational programs are/have you been involved with? Please provide brief description and give dates. \_\_\_\_\_  
 \_\_\_\_\_

Do you speak any foreign languages? \_\_\_\_ Please list \_\_\_\_\_

Please list any special skills, interests or hobbies you may like to share. \_\_\_\_\_  
 \_\_\_\_\_

Please list any experience you have working with children. \_\_\_\_\_  
 \_\_\_\_\_

Do you prefer working with a particular age group? \_\_\_\_ If so which one(s)? \_\_\_\_\_

**Availability:**

What specific times are you available to serve each week?

Mon \_\_\_\_ Tues \_\_\_\_ Wed \_\_\_\_ Thurs \_\_\_\_ Fri \_\_\_\_ Sat \_\_\_\_ Sun \_\_\_\_ AM \_\_\_\_ PM \_\_\_\_

What type of time commitment are you able to make?

1 hr/wk \_\_\_\_ 1-2 hrs/wk \_\_\_\_ 2-4 hrs/wk \_\_\_\_ 4-6 hrs/wk \_\_\_\_ other \_\_\_\_\_

**References:** List below three persons, not related to you, whom you have known at least one year.

NAME	ADDRESS	PHONE NUMBER

**Emergency Information:** In case of emergency, please notify:

---

(Name)

(Address)

(Phone)

Have you ever been convicted of a felony or as a sex offender? \_\_\_\_\_

My signature below permits the District to contact any or all references listed, if necessary. The purpose is to obtain information on my work history, work record, and/or personal background for the purpose of becoming a volunteer in the Groton Central School District. I understand that the School District reserves the right to perform a further background and/or criminal check for purposes of this application and that I will be asked for proof of identity. I understand this is a general release and give my authorization for the release of this type of information.

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

**DO NOT WRITE BELOW THIS LINE -- OFFICE USE ONLY**

-----  
Reviewed by: \_\_\_\_\_ Date: \_\_\_\_\_

References checked by: \_\_\_\_\_

REMARKS:

Approved [ ]

Not Approved [ ]