**VOLUNTEER APPLICATION**

**Crowley County School District Re 1-J, Ordway, Colorado**

Application Date:

Volunteer Position Sought:

Name:

Home Address:

City, State, Zip:

Work Phone: Home Phone:

**Education:**

Highest Level of Education:

**Employment:**

 Current employer, if applicable:

 Position/Title:

 Dates of Employment (starting/ending):

Company/Employer:

 Address:

Would you like us to keep your employer abreast of your volunteer service and achievement?

 [ ] Yes [ ] No

Special training, skills, hobbies:

Groups, clubs, organizational memberships:

The school district will require that volunteers be fingerprinted and checked through the Colorado Department of Justice – Colorado Bureau of Investigation and/or Colorado Department of Human Services central registry of Child Protection.

**References:** Please list three people who know you well and can attest to your character, skills and dependability. Include your current or last employer.

|  |  |  |  |
| --- | --- | --- | --- |
| Name/Organization | Relationship to you | Length of Relationship | Phone |
| 1. |  |  |  |
| 2. |  |  |  |
| 3. |  |  |  |

Please read the following carefully before signing this application:

I understand that this is an application for and not a commitment or promise of volunteer opportunity.

I certify that I have and will provide information throughout the selection process, including on this application for a volunteer position and in interviews with building principals that is true, correct and complete to the best of my knowledge. I certify that I have and will answer all questions to the best of my ability and that I have not and will not withhold any information that would unfavorably affect my application for a volunteer position. I understand that the information contained on my application will be verified by Crowley County School District. I understand that misrepresentations of omissions may be cause for my immediate rejection as an applicant for a volunteer position with Crowley County School district or my termination as a volunteer.

Signature: Date: