

BALDWINSVILLE CENTRAL SCHOOL DISTRICT

Office of Human Resources

29 East Oneida Street

Baldwinsville, NY 13027

315-638-6047

APPLICATION FOR VOLUNTEERS

Date:	
First Name:	
Last Name:	
Middle Initial:	
Other Names Used:	
Street Address:	
City, State, ZIP:	
Telephone Number (Home):	
Telephone Number (Cell):	
E-Mail Address:	

Have you ever been convicted or pled guilty to a crime – either a misdemeanor or a felony (including but not limited to child abuse, theft, drug charges or other crimes of violence?	Check either ___ Yes** or ___ No
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**If yes, please explain in detail: Attach additional sheet, if needed.	
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Education:

High School / Year Graduated:		
College(s) / Year Graduated:		
Other Information:		

Employment:

Date-From & To:	Name & Address of Employer	Position Held

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

Name	Address/Phone	Years Acquainted

Emergency Information: In case of emergency, whom would you like the District to contact?

Name	Address	Phone
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Authorization: I authorize all references listed to give you pertinent information, and release all parties from liability from furnishing this information. I attest that all information provided on this form is true and accurate to the best of my ability. I understand that any information provided that is found to be falsified is grounds for removal as a volunteer.

Date	Signature
Administrator Recommendation (signature)	Date:
What volunteer service(s) is to be performed?	Start Date: _____ End Date: _____

FORWARD TO OFFICE OF HUMAN RESOURCES

Office of Human Resources: _____ BOE Approval Date: _____