

Rogers City Area Schools

Volunteer Application

Application Date _____

Volunteer Position Sought _____

Name _____

Home Address _____

Work Phone _____ Home Phone _____

Education

Highest Level of Education _____

Employment

Current Employer, if applicable _____

Position/Title _____

Dates of Employment (starting, ending) _____

Company/Employer _____

Address _____

Special training, skills, hobbies _____

Groups, clubs, organizational memberships _____

Please describe your prior volunteer experience (include organization names and dates of service) _____

Why do you want to volunteer? [or What do you want to gain from this volunteer experience?]

Have you ever been convicted of a crime? [If yes, please explain the nature of the crime and the date of the conviction and disposition.] Conviction of a crime is not an automatic disqualification for volunteer work.

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	Phone	Length of relationship
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1.

2.

3.

VOLUNTEER RELEASE FORM

I agree to abide by all relevant Board policies and administrative guidelines while on duty for the District. I understand that, although I am covered under the District's liability insurance policy, I am not covered by its health insurance policy nor am I eligible for workers' compensation. Should I become ill or suffer an accident while doing volunteer work for the District, I agree that I shall be responsible for any and all hospital and medical charges that may accrue.

I understand further that, as a volunteer, I am not in any manner considered an employee of the District or entitled to any benefits provided to employees. I further release the Board of Education from any and all liability for any damages, whatever their nature, which may result as a consequence of my volunteer services.

For the protection of the children in the school, the District is required by law to inquire of its staff members whether or not they have ever been convicted of a crime related to children. We would appreciate your cooperation by indicating that you have never been convicted of any of the following offenses: aggravated murder, murder, voluntary manslaughter, involuntary manslaughter, felonious assault, aggravated assault, assault, aggravated menacing, abuse or neglect of a child, kidnapping, abduction, child stealing, criminal child enticement, rape, sexual battery, corruption of a minor, gross sexual imposition, importuning, voyeurism, public indecency, felonious sexual penetration, compelling prostitution, promoting prostitution, procuring prostitution, disseminating matter harmful to juveniles, pandering obscenity, pandering obscenity involving a minor, pandering sexually-oriented matter involving a minor, illegal use of a minor in nudity-oriented material or performance, endangering children, contributing to the delinquency of children, carrying concealed weapons, improperly discharging a firearm at or into a school or house, corrupting another with drugs, placing harmful objects in or adulterating food or confection

Volunteer

District Witness

Date