



## SCHOOL VOLUNTEER APPLICATION

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Date of Application: \_\_\_\_\_

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

Address: \_\_\_\_\_  
(Street Address) (City, State, Zip Code)

Telephone: \_\_\_\_\_  
(Home) (Work) (Cell)

E-mail address: \_\_\_\_\_

Sponsoring Agency (if any): \_\_\_\_\_

Emergency Contact: \_\_\_\_\_  
(Name) (Phone Number)

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Identify **areas of interest or specific activities** on which you wish to focus your volunteering:

\_\_\_\_\_  
\_\_\_\_\_

Identify **any school(s)** at which you wish to volunteer:

\_\_\_\_\_

Identify **any specific skills or languages spoken**:

\_\_\_\_\_  
\_\_\_\_\_

Please indicate the **times your services would be available**:

Day(s) of week: \_\_\_\_\_

Hours: \_\_\_\_\_

If you are not available on a regular basis, please give **some idea of your time commitment**:

\_\_\_\_\_

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Please indicate if you have volunteered/taught in our schools before: YES \_\_\_\_\_ NO \_\_\_\_\_

Please indicate if you are currently volunteering in our public schools: YES \_\_\_\_\_ NO \_\_\_\_\_

If YES to either/both, please indicate which school(s), which staff members, and when the volunteering occurred:

\_\_\_\_\_  
\_\_\_\_\_

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**References:** Provide the names of at least two individuals who have knowledge of your character, personality and abilities to work in a school environment:

	Name	Address (Street, City, State, Zip Code)	Telephone Number
1.			
2.			

### BACKGROUND CHECK AGREEMENT

It is the policy of the City School District of Albany to require all volunteers to complete this Disclosure Statement. Subsequently, the District will complete a background check for conviction(s) and pending charges.

\*Social Security Number: \_\_\_\_\_ Number of years at above address: \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Driver's License Number: \_\_\_\_\_

Have you ever been convicted of or do you have any charges pending for felonies, misdemeanors and/or ordinance violations other than minor traffic violations?

YES       NO

If yes, please fill in the information below and include date, location, and nature & circumstances of the offense.

\_\_\_\_\_

\_\_\_\_\_

I authorize the City School District of Albany (CSDA) to review my personal background. I consent to having the CSDA conduct a full and complete criminal background check. I understand that any misrepresentation on this statement may result in immediate disqualification for any volunteer service within the CSDA. I understand that the CSDA will verify the information I have provided above. I hereby release the District, its Board, and its agents, as well as all providers of information, from any liability related to furnishing and receiving information related to arrests and convictions.

\*Your Social Security number will be used as stated above. State and federal laws protect the privacy of your records.

\_\_\_\_\_  
(Applicant's Signature)

\_\_\_\_\_  
(Date)

*Please return this document to any Albany public school main office or directly to the school volunteer coordinator based at Albany High School, 700 Washington Avenue, Albany NY 12203.*