

(Please type or print all information)

Today's date:

# Bainbridge Island School District VOLUNTEER APPLICATION

**Volunteer position desired:** \_\_\_\_\_

## PERSONAL

Last Name: \_\_\_\_\_ First name: \_\_\_\_\_ Middle initial: \_\_\_\_\_  
 Home address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Daytime phone: \_\_\_\_\_ Evening phone: \_\_\_\_\_  
 E-mail address: \_\_\_\_\_

## INTERESTS

I am interested in the following subject area (math, science, literature, etc.), committee, athletic, or other volunteer opportunity (please be as specific as possible):

Please note special talents/skills/knowledge related to the above area(s) or other information you would like to share:

## AVAILABILITY

I am available on (circle all that apply): Mondays Tuesdays Wednesdays Thursdays Fridays

I plan to volunteer from \_\_\_\_\_ to \_\_\_\_\_ (weeks or months and year(s), i.e. Sep. 2001 to June 2002)

Age group(s) preferred:

Location/school(s) preferred:

## EDUCATION

Highest level of education completed: \_\_\_\_\_ Courses of study or degree(s): \_\_\_\_\_

Name and location of last school attended:

Number of years completed and/or graduation date:

## EMPLOYMENT

Employer (most recent): \_\_\_\_\_ Telephone: ( ) \_\_\_\_\_

Address:

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

Dates employed: \_\_\_\_\_ to \_\_\_\_\_.

Job title:

Describe duties:

Supervisor's name:

May we contact this employer? Yes\_\_\_ No\_\_\_

Reason(s) for leaving:

(Please type or print all information)

Today's date:

### VOLUNTEER EXPERIENCE

Agency/organization (most recent):

Telephone: (    )

Address:

City:

State:

Zip code:

Dates volunteered: \_\_\_\_\_ to \_\_\_\_\_.

Job title/responsibilities:

Name of supervisor:

May we contact this agency... Yes\_\_\_ No\_\_\_

Reason(s) for leaving:

Other volunteer involvement you want to share:

### REFERENCES

Name:

Address:

Telephone:

Relationship:

1. \_\_\_\_\_

2. \_\_\_\_\_

### BACKGROUND/DRIVING INFORMATION

Do you have a valid Washington driver's license? Yes\_\_\_ No\_\_\_ . If yes, license #: \_\_\_\_\_

\*Do you have any physical or mental condition(s) of which we should be aware for your safety or that would limit your ability to do specific volunteer activities? Yes\_\_\_ No\_\_\_ If yes, please explain (limitations, activity restrictions, etc.):

\*A physical or mental condition does not disqualify a volunteer. This data is required to determine how to accommodate special needs.

**Please read the following question. If you answer YES to an item, please explain in the area provided.**

Have you every been convicted of a crime against persons as defined in Section 1 Chapter486, Laws of 1987 and listed as follows:

Aggravated murder; first or second degree murder; first or second degree kidnapping; firs, second or third degree assault; first, second or third degree rape; firs, second or third degree statutory rape; first or second degree robbery; first degree arson; first degree burglary; first or second degree manslaughter; first or second degree extortion; indecent liberties, incest; vehicular homicide; first degree promoting prostitution; communication with a minor; unlawful imprisonment; simple assault; sexual exploitation or minors; first or second degree criminal mistreatment? Yes\_\_\_ No\_\_\_ . If yes, please explain (include date, charge and sentence):

\*\*Have you ever been convicted for traffic violations? Yes\_\_\_ No\_\_\_ . If yes, please explain (date, charge and sentence):

\*\*Record checks may be done on volunteer applicants. A conviction may not disqualify a volunteer applicant.

My signature certifies that all statements made on this application are true, complete and correct to the best of my knowledge and belief. I understand these statements are subject to verification. Furthermore, my signature gives authorization for Bainbridge Island School District to do driver and criminal record checks, as well as reference checks, as needed.

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