

**PLATTSBURGH CITY SCHOOL DISTRICT**

49 Broad Street, Plattsburgh, NY 12901

*Our mission is to educate each student of the Plattsburgh City School District by creating challenging, supportive, and interactive learning that advances intellectual, physical, social, and cultural development.*

***Please complete and submit this form to the principal of the school(s) at which you want to volunteer.***

**VOLUNTEER APPLICATION**

Volunteering for: \_\_\_\_\_

School(s): \_\_\_\_\_ Bailey \_\_\_\_\_ Oak \_\_\_\_\_ Momot  
\_\_\_\_\_ Middle School \_\_\_\_\_ High School \_\_\_\_\_ Other ( \_\_\_\_\_ )

**PERSONAL INFORMATION**

(Please provide photo identification with application.)

Name: \_\_\_\_\_  
Last First Middle

Mailing Address: \_\_\_\_\_

Residence Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

In case of emergency, contact:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Are you a parent, guardian or caretaker for a child in the in the District?.....  yes  no

If yes, please list student and teacher name(s):

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

If you do not have a child currently enrolled in Plattsburgh City School District, are you  
volunteering as part of a community organization or business member?.....  yes  no

If yes, please list name of organization:

\_\_\_\_\_

Have you ever been fingerprinted to work or volunteer in a school district?.....  yes  no

**Reminder: You must always disclose criminal information.**

Have you ever been convicted or arrested for a criminal offense or pled guilty or nolo contendere  
for a criminal offense other than a minor traffic violation?.....  yes  no

Have you ever been arrested for a drug or sexual related offense or an act of violence?.....  yes  no

Have you ever been reported for child abuse/sexual activities involving a student or minor or had  
charges filed against you by a school district, state/county agency, police or court?.....  yes  no

Are there any criminal charges or proceedings pending against you?.....  yes  no

If yes to any of the above, please explain the type(s) of offense(s), location(s) and date(s) in the space below.  
Attach an additional sheet if necessary.

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

Note: Any applicant on an active "Wanted List" (registered sex offender, terrorist list, etc.) **WILL NOT BE ALLOWED TO VOLUNTEER AT THE PLATTSBURGH CITY SCHOOL DISTRICT.**

**LIST TWO NON-FAMILY MEMBER PERSONAL REFERENCES**

Name	Address	Phone	Relationship (i.e. friend, co-worker, supervisor)

**RELATED EXPERIENCE**

Dates	Name of Agency/Company	Nature of Experience	Total Years	Reference/Phone #

**OPTIONAL STATEMENT/ADDITIONAL INFORMATION**

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**Please read carefully before signing:**

Volunteers must be supervised by appropriate school personnel while working with students.

*I affirm that all the information I have provided in this application is true and complete to the best of my knowledge. I understand that Plattsburgh City School District reserves the right to verify all information on this application form and that any false statements or failure to disclose information may be sufficient to disqualify me as a volunteer, I thereby authorize Plattsburgh City School District to obtain information relating to my current and/or previous employment, education, personal and/or criminal history records.*

\_\_\_\_\_

Signature Date

**BOARD OF EDUCATION SCHOOL VOLUNTEERS POLICY #4532**

The Board of Education recognizes that the use of volunteers strengthens school/community relations through positive participation, builds an understanding of school programs among interested citizens, and can assist district employees in providing more individualized and enriched opportunities in instruction. The Board encourages volunteers from all backgrounds and age groups who are willing to share their time, training, experience, or personal characteristics to benefit the students of the district.

No volunteer shall be permitted to have unsupervised direct contact with students.

School personnel who are responsible for tasks or projects that involve the use of volunteers shall identify appropriate tasks and time schedules for such volunteer activities, as well as make provisions for adequate supervision and evaluation.

Persons wishing to volunteer must contact the Superintendent or Building Principal or other individual designated by the Superintendent or Building Principal and must complete a volunteer application form. The application form shall require the volunteer applicant to disclose any criminal convictions. The application form shall also require the applicant to identify two non-family member personal references. The Superintendent or Building Principal shall be responsible for ensuring that both references are contacted before the volunteer begins rendering volunteer services to verify that the individual is of good moral character.

The district shall retain a complete record of all information obtained through the application process for the same period of time it retains information regarding district employees.

All volunteers are required to act in accordance with district policies, regulations, and school rules. Any staff member who supervises volunteers may ask any volunteer who violates district policies, regulations, or school rules to leave school grounds.

Each Building Principal shall be responsible for maintaining a current and complete list of all active volunteers and their assignments.

Adoption date: March 23, 2006

**PLATTSBURGH CITY SCHOOL DISTRICT**  
**Volunteer Application**  
**Evaluation**

**OFFICIAL USE ONLY**

Date: \_\_\_\_\_ Picture ID Check: \_\_\_\_\_

Applicant's Name: \_\_\_\_\_

Notes:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Approved: \_\_\_\_\_ Not Approved: \_\_\_\_\_

Administrator's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Administrator's Name \_\_\_\_\_

Adopted: February 10, 2011