

# GREATER JOHNSTOWN SCHOOL DISTRICT

ADMINISTRATION CENTER

1 Sir Bills Circle, Suite 101 • Johnstown NY 12095  
Telephone (518) 762-4611 • Facsimile (518) 762-6379

## SCHOOL VOLUNTEER APPLICATION

NOTICE: PURSUANT TO DISTRICT POLICY, ALL VOLUNTEERS SHALL BE SUBJECT TO SCREENING PROCEDURES WHICH MAY INCLUDE, BUT ARE NOT LIMITED TO, 1) REFERENCE CHECKS, 2) A CRIMINAL HISTORY CHECK AND REQUEST OF INFORMATION REGARDING PREVIOUS CRIMINAL CONVICTIONS, AND 3) INVESTIGATION TO DETERMINE WHETHER A VOLUNTEER HAS A HISTORY OF CHILD ABUSE.

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

Maiden/Alias/Other Names: \_\_\_\_\_

Your Date of Birth: \_\_\_\_\_  
Month/Day/Year

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

If at current address less than five years, list previous residence(s): \_\_\_\_\_  
\_\_\_\_\_

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

Are you currently an employee of the Greater Johnstown School District?  No  Yes Position/Building \_\_\_\_\_  
(Employees who have already received background clearances do not have to go through an additional background check)

Are you a (circle one) parent/guardian/family member of a student in the Greater Johnstown School District?  Yes  No

Child(ren) Name(s)	Grade/Teacher	School
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Please respond to the following questions truthfully. Disclosure of a prior criminal history will not automatically prohibit volunteer status.

- |    | Yes | No  |                                                              |
|----|-----|-----|--------------------------------------------------------------|
| 1. | ___ | ___ | Have you ever been convicted of child abuse or endangerment? |
| 2. | ___ | ___ | Are you required to register as a sex offender?              |
| 3. | ___ | ___ | Have you ever been convicted of a felony?                    |

MY SIGNATURE BELOW INDICATES THAT I CONSENT TO A CRIMINAL BACKGROUND CHECK FOR CONVICTIONS OF CHILD ABUSE OR ENDANGERMENT, SEX AND DRUG OFFENSES, AND CRIMES OF VIOLENCE; THAT I WILL ABIDE BY ALL APPLICABLE SCHOOL RULES AND BOARD OF EDUCATION POLICIES AND REGULATIONS; AND THAT THE INFORMATION PROVIDED BY ME IS TRUE, COMPLETE AND CORRECT.

Application Date: \_\_\_\_\_  
\_\_\_\_\_  
(Signature of Volunteer Applicant)

### FOR SCHOOL USE ONLY:

APPROVED \_\_\_\_\_ DISAPPROVED \_\_\_\_\_ DATE: \_\_\_\_\_ SIGNATURE OF PRINCIPAL: \_\_\_\_\_