

CHEEKTOWAGA CENTRAL SCHOOL DISTRICT
Central Office
3600 Union Road, Cheektowaga, NY 14225

VOLUNTEER SERVICE APPLICATION

INSTRUCTIONS: Thank you for your interest in working with the students and staff of the Cheektowaga Central School District. Please complete all portions of this application and return to Mrs. Christine Ljungberg, at the above address. If you have any questions regarding the completion of this form or your activities as a prospective volunteer, please contact Mrs. Christine Ljungberg at 686-3605.

Date: _____

Name: _____
(First) (M.I.) (Last)

Address: _____

City/State/Zip: _____

Date of Birth: _____ Social Sec. No.: _____

Phone: _____ Best time to be reached: _____

In Case of Emergency:

Name: _____

Relationship: _____ Phone Number: _____

Preferred Hospital: _____

What is your present type of employment? _____

If retired, what was your occupation/profession? _____

Do you have children in this school district? [] yes [] no

Name(s):	Grade(s):	Teacher(s):
_____	_____	_____
_____	_____	_____
_____	_____	_____

Please list any education, special skills, interests or areas in which you wish to serve:

Have you ever been convicted of a felony or misdemeanor? [] yes [] no
If yes, please explain: _____

Have you ever taken illegal narcotic drugs? [] yes [] no
If yes, please explain: _____

List two personal references (non-family members) who would be supportive of you working with children. Provide the name, relationship and phone number of each:

Name	Relationship	Phone Number
1. _____	_____	_____
2. _____	_____	_____

Please read and sign the following:

I wish to volunteer my services as a member of the Cheektowaga Central Volunteer Program. I understand that if accepted into the Program, I will not be an employee of the Cheektowaga Central School District. In consideration for my acceptance into the Program, I agree to hold the School District, Board of Education, Administration, Faculty and Staff harmless from and against all claims, damages, loss, or liability of any character arising out of or in any way connected with my participation in the Cheektowaga Central Volunteer Program. I further understand and agree that I will not be covered by School District insurance or by workers compensation in my role as a volunteer, and that my participation in the Program may be terminated by myself or the District at any time. I have read and understand the above and affirm that all my statements and answers herein are true and accurate.

Signature of Registrant _____ Date _____



- FOR OFFICE USE ONLY -

Date Received _____
* Reference Checks 1. _____ 2. _____
* Interview (optional) _____ (date) _____
* Application Approved: [] Y [] N

Superintendent or designee/date