



Utica Safe Schools
 Healthy Students
 Clearing paths to achievement

APPLICATION FOR VOLUNTEERS

Utica Safe Schools Healthy Students is an Equal Opportunity Employer.

Date: _____

PERSONAL INFORMATION

Name: _____
Last First Middle Initial

Address: _____

Telephone Number: _____ Social Security Number: _____ - _____ - _____

If under 18 years of age, do you have a work permit? Yes No
 Are you either a U.S. citizen, or an alien who has the legal right to remain and work in the U.S.? Yes No

(If you accept employment with us, the Federal Immigration Act of 1986 requires that you provide documents establishing your identity and work authorization.)

Volunteer Position:

Work with: K-5 6-8 9-12

Hours per week? _____

Days per week? _____

Have you ever volunteered with this agency? Yes No

If yes, when? _____

In what position? _____

Please list any special skills you have: _____

EDUCATION

Highest Grade Completed (Please circle)	9 10 11 12	1 2 3 4
	High School	College

Name of college/university: _____

Vocational or trade school: _____

Course of Study: _____

Have you ever been convicted of a crime? Y N

If yes, please explain and give dates of conviction(s): _____

This information may or may not determine your eligibilty to volunteer with this agency.

Please list any pertinent volunteer or work experience:

Agency: _____ volunteer ____ employment ____

Date of hire: _____

List related duties/experience: _____

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Date of hire: _____

List related duties/experience: _____

I understand that my volunteering may be terminated, with or without cause or notice, at any time, at my option or that of this agency. I have provided truthful and complete responses to all inquiries in the application and understand that the discovery of any falsification or omission constitutes a ground for immediate dismissal. If I volunteer with this agency, I will abide by its rules and regulation, which I understand are subject to change by the agency.

Signature of Applicant

Date
