



**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 eligibility to volunteer with this agency.

Please list any pertinent volunteer or work experience:

Agency: \_\_\_\_\_ volunteer \_\_\_\_ employment \_\_\_\_

Date of hire: \_\_\_\_\_

List related duties/experience: \_\_\_\_\_

\_\_\_\_\_

Agency: \_\_\_\_\_ volunteer \_\_\_\_ employment \_\_\_\_

Date of hire: \_\_\_\_\_

List related duties/experience: \_\_\_\_\_

\_\_\_\_\_

Agency: \_\_\_\_\_ volunteer \_\_\_\_ employment \_\_\_\_

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

\_\_\_\_\_