



Volunteer Application Today's Date ____/____/____

Office Use Only
<input type="checkbox"/> Approved <input type="checkbox"/> Denied <input type="checkbox"/> Restricted
Date of TB: ____/____/____
Date of FP: ____/____/____

Signature

Application Information

I am a: Parent/Guardian Relative Community Member

Personal Information

Full legal name _____
First Middle Last

Maiden name(s)/Nicknames/Aliases

Address _____ City _____ ST _____ ZIP _____

E-mail _____ Phone # _____

Emergency Contact Information

Name _____ Phone # _____

Volunteer Interests and Activities

School(s) where I wish to volunteer _____

I plan to volunteer:

Regularly Once in a while

Volunteer activities (ex: Field trip chaperone, math help, coach, tutoring, etc.)

Do you require any accommodations? Yes No If yes, what is the accommodation?

School administrators must ensure that persons who volunteer do not work in an unsupervised capacity. Volunteers must be fingerprinted by the Human Resources Department prior to beginning assignments or work with students. The Board requires that all school volunteers be tested for exposure to tuberculosis. Volunteers must show proof of tuberculosis clearance prior to volunteering.

Please answer the following questions honestly and completely. Attach a separate sheet if additional space is needed.

Any falsification, omission, deliberate misrepresentation or failure to complete any part of this form is grounds for rejection as a volunteer. Portsmouth Public School District reserves the right to reject any applicant for any legitimate, nondiscriminatory reason. Decisions about volunteer approval status are made on a case by case basis. NOTE: Any felony conviction will restrict you from volunteering.

1. Have you ever been convicted (as guilty or not innocent) of a violation of law other than a minor traffic violation. No/Yes
If yes, explain _____

2. Have you been convicted (as guilty or not innocent, or a determination of abuse or neglect founded against you) or any offense involving moral turpitude, sexual molestation, physical or sexual abuse or rape of a child, or any offense against an adult? No/Yes
If yes, explain _____

3. Do you have any criminal or non-civil charges or proceedings pending against you? No/Yes
If yes, explain _____

4. Other than any matter listed on this page, are there any facts or circumstances involving you and your background that would call into question the district entrusting you with the supervision, guidance and care of its students? No/Yes
If yes, explain _____

Date ____/____/____

Signature _____

Printed Name _____