

# VOLUNTEER APPLICATION FORM

WASHINGTON CENTRAL SUPERVISORY UNION

<input type="checkbox"/> Level 1
<input checked="" type="checkbox"/> Level 2

THANK YOU for your interest in and willingness to volunteer with us. We VERY much appreciate all the support the volunteers lend to our community; you truly make our program what it is. We also appreciate our role as guardians of the children. Thus, we ask that all volunteers complete the following application to help us ensure the safety of our children. The completion of this form is required prior to having volunteers work with any of our children. The names of all volunteers are checked against the Vermont Internet Sex Offender Registry, the Vermont Child Abuse and Neglect Registry and the Vermont Vulnerable Adult Abuse and Neglect Registry. For some volunteer positions there is also a required criminal record check with the Vermont Criminal Information Center under the National Child Protection Act (NCPA).

*All information is reviewed by the principal and will be kept strictly confidential. PLEASE PRINT*

APPLICATION DATE: \_\_\_\_\_ NAME: \_\_\_\_\_

LIST ANY OTHER NAMES (ALIASES/NICKNAMES) YOU HAVE USED: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

\_\_\_\_\_ E-MAIL: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_

## BACKGROUND

Have you ever been convicted of a crime or misdemeanor? \_\_\_\_\_

Have you ever entered a plea of guilty or nolo contendere to a felony or misdemeanor charge? \_\_\_\_\_

Are there any charges pending against you in any jurisdiction at this time? \_\_\_\_\_

If the answer to any of the above questions is "Yes," please explain the circumstances of the conviction fully, including the specific charge, date, location of the offense and the court, and disposition of court proceedings. Attach a separate piece of paper if necessary.

## REFERENCES

Please list name, address and phone number of at least three references (or attach letters of references):

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

I hereby state the information contained on this form is complete and accurate.

I hereby give my permission for the WCSU to perform all background checks required by law or board policy.

\_\_\_\_\_  
Applicant's signature

\_\_\_\_\_  
Date