

OFFICE OF SUPERINTENDENT OF SCHOOLS

School Administrative Unit No. 2

**c/o Humiston Building
103 Main Street, Suite 2**

Meredith, NH 03253

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**Inter-Lakes School District
Center Harbor
Meredith
Sandwich
Ashland School District**

**MARY A. MORIARTY
Superintendent of Schools**

**PATRICIA TEMPERINO
Assistant Superintendent**

VOLUNTEER APPLICATION

DATE _____

PERSONAL INFORMATION

Name _____

Address _____

Telephone No. () _____ E-Mail Address _____

If you have a child(ren) attending Ashland or Inter-Lakes, please list below.

Child's Name _____ Grade _____ Teacher _____

Child's Name _____ Grade _____ Teacher _____

VOLUNTEER INFORMATION

I am interested in volunteering in the following area(s):

_____ Classroom Support (Please list school and classroom) _____

_____ Field Trip Chaperone (Please list school and teacher) _____

_____ Coach (Please list sport and level) _____

_____ **Student Teacher, Intern or Practicum observation (Please list classroom and start and end dates)

_____ Please list the College or University you are currently attending _____

**** The Inter-Lakes School District will pay to process fingerprint cards for volunteers; with the exception of student teachers, interns and practicum students. The cost to process fingerprint cards for volunteers is \$20.75. Please make checks payable to the STATE OF NH –CRIMINAL RECORDS**

**** The Ashland School District will pay for all volunteer criminal record checks.**

PERSONAL REFERENCES (Volunteer Coaches ONLY)

Please list the name, phone number, and email address for two personal references:

Name: _____ Phone: _____ Email: _____

Name: _____ Phone: _____ Email: _____

Thank you for completing this application form and for your interest in volunteering with us.

You must give complete answers to all questions. If you answer, "Yes" to any question, you must list all offenses, and for each conviction provide date of conviction and disposition, regardless of the date or location of occurrence. Conviction of a criminal offense is not a bar to volunteer in all cases. Each case is considered on its merits. Your answers will be verified with appropriate police records.

- **Criminal Offense** includes all felonies and misdemeanors. You may omit: minor traffic violations, and offenses committed before your 18th birthday, which were adjudicated in juvenile court under a juvenile delinquency law.
- **Conviction** includes adjudications of guilt, pleas of guilty, pleas of "nolo contendere" (no contest), and determinations before courts, juries, judges or magistrates, which resulted in fines, sentences or probation.
- **Have you ever been arrested for or convicted of a crime that has not been annulled by a court.** Yes No

Each applicant for volunteering must submit to the School District a completed Criminal History Release Authorization Form and his or her fingerprints. The School District will supply a form and fingerprint card to each applicant. The fingerprints will be utilized by local, state, and federal law enforcement agencies to research the applicant's background. Any volunteer program that the School District extends to an applicant is conditional upon the successful processing of his or her fingerprints and the receipt of criminal history and background check results that are acceptable to the School District.

**- PLEASE READ CAREFULLY -
APPLICANT'S CERTIFICATION AND RELEASE AGREEMENT**

In performing the specified volunteer service, I acknowledge:

1. That I am 18 years of age or older and know of no reason, medical or otherwise, which would prevent me from performing the tasks required.
2. The School District's officials may investigate my background, now or in the future, to verify the information provided, and I release from liability all persons and/or entities supplying information regarding my background.
3. That I will perform the volunteer service in compliance with the standards and specifications established or approved by SAU 2 and its member districts and understand that it is their right to suspend or terminate service.
4. That I agree to maintain confidentiality at all times.
5. It is my responsibility to notify the SAU Office of any changes in any of the above information.

I certify that all of the statements made by me are true, complete and correct to the best of my knowledge and belief, and are made in good faith. I understand that any misrepresentation of information shall be sufficient cause for rejecting my application and the termination of any/all volunteer work that I may be involved in.

Signature of Volunteer _____

DISTRICT USE ONLY	
Principal Approval: _____	Date: _____
Superintendent Approval: _____	Date: _____

* ASHLAND - CENTER HARBOR - MEREDITH - SANDWICH *

ASHLAND VOLUNTEER CONFIDENTIALITY FORM

I understand that, as a volunteer at Ashland Elementary School, ALL student and staff information is confidential. I agree not to access, review, disclose or use confidential student or staff information without specific authorization from a school administrator. I also understand that, even when I am no longer a volunteer with the Ashland School District, any confidential information I have learned must continue to be kept confidential. I understand that any breach of these confidentiality requirements will result in my immediate termination as a volunteer and may result in legal action against me. I understand that I must comply with all Ashland School Board policies and school rules applicable to school staff, as well as all directions from school administrators and staff while serving as a volunteer. I further understand that my authorization to serve as a volunteer may be terminated at the discretion of the Superintendent or School Principal at any time if they determine it is in the best interest of the school or the students. I have read, understand, and agree to the information presented above:

Signature: _____ Date: _____