

Worcester Central School

198 Main Street * Worcester, NY 12197
(607) 397-8785
www.worcestercs.org



Dear Potential Volunteer:

Thank you for your willingness to serve as a school volunteer. Confidentiality and student safety are paramount within our school district for all staff and volunteers. Should you be approved as a volunteer, you agree to the required expectations and responsibilities regarding confidentiality and safety consistent with those for all district employees. All volunteers are expected to comply with the following; and by completing and signing the attached volunteer application, you agree to these expectations.

Confidentiality

- Maintain strict confidence about students and staff, including, but not limited to, academic performance, behavior, school problems, and student records in any form. Volunteers shall have no access to student records for any reason.
- Refrain from discussing school practices, individual students and school personnel, or personal opinions regarding all children, adults, and situations observed while volunteering unless there is a legitimate educational interest to protect the safety interests of individuals in the school. Such specific interest will be discussed with the appropriate principal.

Safety

- Sign in and wear a designated volunteer badge.
- Be alert to individuals whom you do not recognize within the building and who are not wearing a name badge and report such individuals to the school supervisor to whom you are assigned.

Should you complete and submit the attached volunteer application to the district office, please allow up to two weeks for a complete review and decision. A letter regarding the decision on your application will be mailed to the address provided on the application.

Thank you for your interest in our school.

Cordially,

Timothy Gonzales
Superintendent

Worcester Central School



198 Main Street * Worcester, NY 12197
(607) 397-8785
www.worcestercs.org

Volunteer Application

The Worcester Central School District does not discriminate in employment or in the education programs and activities which it operates on the basis of race, color, national origin, religion, marital status, military status, sex, age, weight, sexual orientation, gender identity, ethnic group, religious practice, disability or predisposing genetic characteristic in violation of Title IX of the Education Amendments of 1972, Title VI and VII of the Civil Rights Act of 1964, 42 U.S.C. 12111 et. seq. known as the Americans With Disabilities Act or § 504 of the Rehabilitation Act of 1973 and New York State Human Rights Law. and The Boy Scouts of America Equal Access Act of 2001.

*We truly appreciate your willingness to volunteer in our school.
Please know that the information requested below is for the protection of our students.*

(PLEASE TYPE or PRINT NEATLY IN BLUE or BLACK INK)

PERSONAL INFORMATION:

NAME: _____ DATE: _____
(as appears on your attached, photo identification)

FORMER NAME(S) _____

PERMANENT ADDRESS: _____

HOME PHONE: () _____

CELL PHONE: () _____ E-MAIL ADDRESS: _____

BACKGROUND:

Have you previously performed volunteer work? Yes No
 If yes, where did you volunteer and what type of volunteering did you do?

Have you been previously fingerprinted pursuant to Part 87 of the Regulations of the Commissioner of Education? Yes No

Have you been convicted of any offense involving the physical or sexual abuse of a child? Yes No

Have you been the subject of a founded case of child abuse or neglect? Yes No

REFERENCES:		
Name	Address	Phone
Name	Address	Phone
Name	Address	Phone

I understand that, as a volunteer, I will not be alone with students at any time.
Please indicate areas and activities in which you are interested in volunteering:

- Field Trips
 Classroom Assistant
 Special Events
 Tutor
 Mentor

I hereby certify that the facts set forth in this application are true and complete to the best of my knowledge. I further acknowledge that any falsification or omission will be sufficient cause for disqualification or dismissal, if employed, regardless of when discovered. I hereby authorize the Worcester Central School District to conduct work and volunteer history, personal reference, and police inquiries, including the National Sex Offender Registry to determine my acceptability for volunteer work in the school. Further, I hereby direct any and all federal, state, and local law agencies, and other agencies or offices that may contain aforesaid information to cooperate and assist the Worcester Central School District and its representatives in its investigation. I also hereby release from liability the Worcester Central School District and its representatives for seeking such information, as well as anyone providing such information.

A photocopy of your valid NYS driver's license is required with this application.

Applicant Signature

Date

DISTRICT USE	
<input type="checkbox"/> Valid photo identification attached <input type="checkbox"/> Name and date birth verified <input type="checkbox"/> NYS/DCIS check completed Staff supervisor: _____	<p style="text-align: center;"><u>Approved Assignments</u></p> <input type="checkbox"/> Field Trips <input type="checkbox"/> Classroom Assistant <input type="checkbox"/> Special Events <input type="checkbox"/> Tutor <input type="checkbox"/> Mentor Other: _____ _____