

Brewster Central School District

Process to Approve Volunteers

All District volunteers (not chaperones) will follow this process for approval.

1. Volunteer applications will be available in all buildings and on our website. The building secretary or building leader will ask all volunteers to complete the volunteer application and supply two references. The building secretary will give the completed application to the building leader.
2. The building leader will review the volunteer applications with the Director of Human Resources.
3. If the building leader does not know the applicant, the Director of Human Resources will conduct an interview and check references.
4. The Director of Human Resources will check the sex offender registry for all volunteer applicants.
5. After this process is complete, the names of the volunteers will be put before the Board of Education for approval.



Brewster Central School District School Volunteer Application



Date of Application: _____

Name: _____
(Last) (First)

Address: _____
(Street Address) (City, State, Zip Code)

Telephone: _____
(Home) (Work) (Cell)

Email Address: _____

Sponsoring Agency (if any) e.g. non-profit, college, business: _____

Emergency Contact: _____
(Name) (Phone Number)

Identify **any school(s)** at which you wish to volunteer _____

Identify **areas of interest, specific activities or skills** on which you wish to focus your volunteering:

Do you speak **any language(s) other than English?** _____

Please indicate the **times your services will be available:**

Day(s) of week: _____

Hours: _____

If you are not available on a regular basis, please give me **some idea of your time commitment:**

Have you **taught in our schools?** Yes ___ No ___ If "yes", which years? _____

Have you **volunteered in our schools before?** Yes ___ No ___

Please indicate if you are **currently volunteering** in our schools: Yes ___ No ___

Which School(s)	Which Staff Members	When

References: Provide the names of two individuals who have knowledge of your character, personality and abilities to work in a school environment.

	Name	Address (Street, City, State, Zip Code)	Telephone Number
1.			
2.			

If vouching for this volunteer, **Principal's signature:** _____

Principal's name and school (print): _____

BACKGROUND CHECK AGREEMENT

It is the policy of the Brewster Central School District (BCSD) to require all volunteers to complete this Disclosure Statement. Subsequently, the District will complete a background check for conviction(s) and pending charges.

*Social Security Number: ___ - ___ - ___ Number of years at above address: _____

Date of Birth: ___ / ___ / ___ Driver's License Number: _____

Have you ever been convicted of or do you have any charges pending for felonies, misdemeanors, and/or ordinance violations other than minor traffic violations? Yes No

If yes, please fill in the information below and include date, location, nature and circumstances of the offense.

By signing, I authorize the BCSD to review my personal background. I consent to having the BCSD conduct a full and complete criminal background check. I understand that any misrepresentation on this statement may result in immediate disqualification for any volunteer service within the BCSD. I understand that the BCSD will verify the information I have provided above. I hereby release the District, its Board, and its agents, as well as all providers of information, from any liability related to furnishing and receiving information related to arrests and convictions.

*Your social security number will be used as stated above. State and federal laws protect the privacy of your records.

(Applicant's Signature)

(Date)