



VOLUNTEER APPLICATION

Thank you for your interest in Littleton School District's Volunteer Program! Please complete the information below and return to the District Office. We will contact you as soon as possible regarding volunteer placement.

DATE: _____ SCHOOL SITE: _____

If you have children attending one of the Littleton School District School sites, please list their names below:

<u>Student Name</u>	<u>Grade</u>	<u>Teacher</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Mr. /Mrs. / Ms. _____ Parent Yes No
First Name Last Name

If not a parent relationship with student: Stepparent Aunt Uncle Grandparent Other: _____

All volunteers need to complete the information below

Address: _____ Zip _____

Email Address: _____

Day Phone: _____ Evening Phone: _____

Employment Status: Student Employed Retired Other: _____

Emergency Contact Information:

Name: _____ Phone: _____

Relationship to you: _____ Cell Phone: _____

Type of Volunteer Work Preferred: (mark all that apply)

Assist in Classroom Clerical Work Work in Library Fieldtrip Other: _____

Days of Week I can serve: Mon. Tue. Wed. Thu. Fri. Max. # of volunteer hours: _____

Background required for non-parents: Please contact Terri Fisher at 623-478-5604 to schedule an appointment.

Please complete the second page of this form



Name: _____

Please check appropriate box:

- | | | |
|---|------------------------------|-----------------------------|
| 1. Have you ever been convicted of a minor offense other than traffic violations? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 2. Have you ever been convicted of a felony? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 3. Have you ever been convicted of a drug-related offense? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 4. Have you ever been convicted of a sex-related offense? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

I **AM NOT** awaiting trial on or I have never been convicted of or admitted committing any of the criminal offenses listed in question 5.

I **AM** awaiting trial on or I have been convicted of or admitted committing the criminal offenses in this state or similar offenses in another jurisdiction, which are circled below in question 5. ****If yes, please circle the letter matching the conviction****

5. Have you ever been convicted of any of the following? Yes No

- a. Sexual abuse of a minor.
- b. Incest.
- c. First or second-degree murder.
- d. Kidnapping.
- e. Arson.
- f. Sexual assault.
- g. Sexual exploitation of a minor.
- h. Felony offenses involving contributing to the delinquency of a minor.
- i. Commercial sexual exploitation of a minor.
- j. Felony offenses involving sale, distribution or transportation of, offer to sell, transport, or distribute marijuana or dangerous or narcotic drugs.
- k. Felony offenses involving the possession or use of marijuana, dangerous drugs or narcotic drugs.
- l. Misdemeanor offenses involving the possession or use of marijuana or dangerous drugs.
- m. Burglary in the first degree.
- n. Burglary in the second or third degree.
- o. Aggravated or armed robbery.
- p. Robbery.
- q. A dangerous crime against children as defined in § 13-604.01.
- r. Child abuse.
- s. Sexual conduct with a minor.
- t. Molestation of a child.
- u. Manslaughter.
- v. Aggravated assault.
- w. Assault.
- x. Exploitation of minors involving drug offenses.

If any of the above answers are marked "Yes", fill in the information below

Conviction Charge(s): _____
 Date of Conviction: _____ City: _____ State: _____ Amount of Fine: \$ _____
 Length of jail term: _____ Length of Terms of Probation: _____
 Comments: _____

This portion must be read and signed:

I certify that all information I have supplied on this form is correct to the best of my knowledge. I understand that omissions or deliberate misinformation will serve as grounds to refuse to allow me to volunteer for Littleton School District #65. I authorize the Littleton School District #65 to request and obtain records to determine the accuracy of my responses.

Date: _____ Signature of Volunteer: _____