

**SNOWFLAKE UNIFIED SCHOOL DISTRICT
RECOMMENDATION FOR VOLUNTEER/ADVISOR**

TO BE COMPLETED BY VOLUNTEER:

Name: _____ Phone Number: _____

Address: _____ Social Security No.: _____

Have you ever applied to or been employed by this district? _____ When? _____

List any restrictions of your availability as a volunteer: _____

List the names, addresses and phone numbers of at least three personal references:

1. _____
2. _____
3. _____

I hereby certify that to the best of my knowledge all answers and statements herein contained are true and I understand that any misstatement or omission of fact will be subject to dismissal or disqualification. I further certify that I am not awaiting trial on or have ever been convicted or admitted committing any of the following criminal offenses in the State of Arizona or similar offenses in another jurisdiction: Sexual abuse of a minor, incest, first or second degree, murder, kidnaping, arson, sexual assault, sexual exploitation of a minor, felony offenses involving contributing to the delinquency of a minor, commercial sexual exploitation of a minor, felony offenses involving the sale, distribution, transportation or use of marijuana or dangerous or narcotic drugs, misdemeanor marijuana or dangerous drug possession offences, exploitation of minors involving drug offenses, burglary in the 1st, 2nd or 3rd degree, a dangerous crime against children as defined in Section 12-604.01, child abuse, sexual conduct with a minor, molestation of a child, voluntary manslaughter or assault.

Volunteer's Signature: _____ Date: _____

TO BE COMPLETED BY STAFF MEMBER MAKING RECOMMENDATION

Name of Staff Member Making Recommendation: _____

Position Volunteer is Being Recommended for: _____

Have References Been Contacted? _____ Any Concerns?: _____

Staff Member's Signature: _____ Date: _____

APPROVALS:

Principal:	Yes _____ NO _____	Signature: _____
Superintendent:	Yes _____ NO _____	Signature: _____
Governing Board:	Yes _____ NO _____	Signature: _____