

Tempe School District No. 3 3205 S Rural Road Tempe, AZ 85282 (480) 730-7108

COMMUNITY VOLUNTEER APPLICATION

Name of Sch	nool:				
Name:	Last	Ei	irst	Middle	
			151		Middle
Address:	Number	Street	City	State	Zip
Home Phone	e #:				
Email:					
Person to no	otify in case o	of emergency:			
Name:	lame:				
Languages o	ther than Engl	ish <i>in which yo</i>	u are proficient:_		
Do you have	a preferred gr	ade level in wh	ich you would like	e to volunteer?	
Type of work	preferred (list	as many as yo	u like)		
Hours of Av	ailability				
	Monday	Tuesday	Wednesday	Thursday	Friday
Mornings					
Afternoons					
How often do	you wish to v	olunteer?	1	1	



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COMMUNITY VOLUNTEER

STATEMENT OF UNDERSTANDING

Name:		
Last Name	First Name	Middle Initial
As a Tempe School District N	lo. 3 volunteer, I will:	
Have a commitment to involve > Have consistent attenda > Contact school/location > Treat others with respect > Have a positive demean	ance and punctuality prior to unavoidable abse	ence
Follow school policies Dress appropriately Check in at the office are Follow all rules and sup 	G	
Promote communication ➤ Support other volunteer ➤ Develop positive relatio volunteers	•	
Keep confidentiality ➤ Adhere to the district's of	confidentiality policy	
As a volunteer for the Tempe Elen background check may be require to my work assignment, I understa	d in helping to determine my q	jualifications. According
I certify the information provided o	n this entire application is true	and complete.
Signature:	Da	ate:

NOTE: FORM MUST BE SIGNED BEFORE A NOTARY PUBLIC Phone No._____ Name:_____ _____ City:_____ State:____ Zip:_____ Address: School/Department volunteer location preference: Answer these questions truthfully even if the condition was ultimately expunged, reversed or otherwise set aside. (Check box if this statement is true) 1) I am **not** awaiting trial on, I have never been convicted of, or admitted in open court or pursuant to a plea *agreement* to committing the criminal offenses listed in Question 2 below: (Check box if this statement is true and <u>ATTACH A LETTER OF EXPLANATION</u>) 2) I am awaiting trial on or I have been convicted of or admitted in open court or pursuant to a plea agreement to committing the criminal offenses in this state or similar offenses in another jurisdiction which are checked below: Sexual abuse of a minor Burglary in the first degree Burglary in the second or third degree Incest First or second degree murder Aggravated or armed robbery Kidnapping Robberv A dangerous crime against children as defined in Arson A.R.S. §13-705 Sexual assault П Child abuse Sexual exploitation of minor П Sexual conduct with a minor Felony offenses involving contributing to the delinquency of a Molestation of a child Commercial sexual exploitation of a minor Manslaughter Felony offenses involving sale, distribution or transportation of, offer to sell, transport, or distribute or conspiracy to sell, Aggravated assault transport or distribute marijuana, dangerous or narcotic drugs Felony offenses involving the possession or use of marijuana, Assault dangerous drugs or narcotic drugs Misdemeanor offenses involving the possession or use of Exploitation of minors involving drug offenses marijuana or dangerous drugs Misdemeanor offense(s) other than traffic DUI offense violations(s) Offense which has not yet been resolved Felony – Offense: *CONVICTION is defined as any time you were found guilty of an offense and: forfeited a bond; received a "suspended" sentence; - received a "deferred" sentence; served a term of probation; paid a fine; conviction was expunged or set aside; served time in a city or county jail; - served time in prison; and/or - plea of nolo contendere I CERTIFY THAT THE ABOVE STATEMENTS ARE TRUE. I UNDERSTAND THAT PROVIDING FALSE INFORMATION MAY RESULT IN TERMINATION OF MY VOLUNTEER POSITION. Signature Date (TO BE COMPLETED BY NOTARY PUBLIC) State of

State of) SS

County of)

The above named person, who is known to me or has provided proper identification, signed before me his/her name on this document on this ______ day of _______.

My Commission Expires: _____ Notary Public: _____