## **VOLUNTEER APPLICATION**



Whiteriver Unified School District No. 20 P.O. Box 190

959 S. Chief Avenue Whiteriver, AZ 85941

Telephone: (928) 358-5800 Fax: (928) 358-5801 website: www.wusd.us

	PERSONA	LINFORMATION	I
			Date:
Applicant Name:			
	(Please Print y	our Last, First , Middle Initial	
Mailing Address:			
City	y, State, Zip		Contact Pho
Location of Residence:		Email ad	dress:
Volunteer Info:	C.1. 1/A .:		Are you a student? Y/N
In what Language are you flue	ent?		
List any valid certificate you n	nay hold including <b>fing</b>	erprint card: (A valid finge	rprint clearance card is required to volunteer.)
, 0 1	e of the incident(s), <b>B</b> : da	ate and time (approxima	egardless of the outcome? Y/N ate if unknown), C: location of incident
	-		
	Education	n & Employment	
Are you currently employed:	Y/N		
If Yes, List Employer(s):			
What is your Highest Level of	Education?		
		Health	
Are you able to do heavy lifting?	Y/N 25 lbs.	<b>□</b> 50 lbs. □	75 lbs. 🗖
General Condition of Health:	Poor	□ Good □	Excellent 🗖
	Re	eferences	
List the names of 1		vith your character, work p include relatives.	personality and work habits.
Name	Position Title	Address	Telephone Number

Community A	ctivities	
List any other community activity and specify the community.		
Activity	Community	
Consent to Conduct Background  (application's name), have applied for employment we did not determine my eligibility, qualifications and suitability for employment, the School doyment. This investigation may include asking my current employer and educational informance, professional conduct and education, as well as confirming my dates of employed be rehired, reasons for rehiring (if applicable) and similar information.	with the Whiteriver Unified School District. I understand that in order for the soll District will conduct a background investigation if I am considered for an offenstitution I have attended about my education, training, experience, qualification	
reby give my consent for any employer or educational institution to release any informa	tion requested in connection with the background investigation	
ording to the Family Educational Rights and Privacy Act, I understand that I have a right	tht to see most education records that are maintained by any educational institut	
aive/do not waive (initial one) my right to see any written reference or ot	ther information provided to the School District by any educational institution.	
cording to the Arizona Revised Statues Section 23-1361, any employer that provides a wall-ployment must send me a copy at my last known address, I acknowledge that some employee unless that maybe so confidentially, without revealing the references to the employee its background investigation.	loyers are willing to provide factual written references concerning a current or p	
raive/do not waive (initial one) my right to receive a copy of any written recease, hold harmless and agree not to sue or file any claim of any kind against any current food faith furnished written or oral reference requested by the School District to complete	or former employer or educations institution, any officer or employee of either	
ated this day of,(year)		
Witness	Signature of Applicant	
ACKNOWLEDGMENT	OF APPLICANT	
Every answer I have provided on the application is both compinformation is omitted from or not filled in the application, or ineligible for any future consideration for employment and memployed by the district. I may be dismissed from employment have furnished false information on this application, I underscreate a contractual obligation upon the employer to continuous	or if any false information is furnished, I will be nay be subject to criminal prosecution, and (3) of I am nt criminal prosecuted, if it is later determined that I stand acceptance of an offer of employment does not	
Signature of Applicant	Date	
COMME	NTS	
FOR DISTRI	ICT USE	
Date Application Received:		
Application Received by:		