

SCHOOL UNION 69
HOPE ELEMENTARY SCHOOL
VOLUNTEER APPLICATION FORM
SCHOOL YEAR 2022-2023

THE FOLLOWING INFORMATION IS REQUESTED TO HELP US COORDINATE VOLUNTEER SERVICES AND ENSURE STUDENT SAFETY

Full Name: _____

Permanent Address: _____

Telephone: _____ Email Address: _____

Date of Birth (required for background check): _____

If you have lived outside of Maine, please identify the states and dates:

Refusal to provide authorization for reference and/or criminal records checks and/or providing false or misleading information on this registration shall constitute sufficient reason to deny approval to serve as a volunteer or termination as a volunteer at the Hope Elementary School.

I understand that any School in School Union 69 performs reference and criminal records checks on all volunteers and I authorize persons and entities contacted by the School Department in connection with this application to provide information about me. I expressly waive in connection with any request for or provision of such information, any claims, including without limitation, defamation, emotional distress, invasion of privacy, or interference with contractual relations that I might otherwise have against the School Department, its agents and officials or against any provider of such information. I further understand that if I am approved as a volunteer, that I will be required to sign a Volunteer Agreement and attend a Volunteer Orientation.

Applicant Signature

Date

OFFICE USE ONLY

_____ Application reviewed for completeness

_____ References checked (attach documentation)

_____ Criminal records checked (attach documentation)

Application approved: _____

Application denied: _____

Date: _____

Updated 9/15/22