



A System Focused on Every Student; Every Day

Peekskill City School District

VOLUNTEER

Application

Volunteer Applications Required Each School Year



PEEKSKILL CITY SCHOOL DISTRICT
 1031 ELM STREET
 PEEKSKILL, NY 10566

APPLICATION FOR SCHOOL VOLUNTEERS/STUDENT TEACHERS

Date: _____ () ATHLETIC () NON-ATHLETIC () OTHER () STUDENT TEACHING

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone #: _____

Business or Cell #: _____

Email: _____

Activity: _____

Building: () Uriah Hill () Woodside () Oakside () Hillcrest () PKMS () Summit () PHS
 1st Placement dates: _____ MM/DD/YEAR

Principal signature: _____

Teacher: _____ 2nd Placement dates: _____ MM/DD/YEAR

Referred by: _____

Have you been fingerprinted and cleared by the State Education Department after July 2, 2001?

() YES () NO *If YES, please complete OSPRA 102 form along with application.*

Have you ever volunteered or been previously employed by Peekskill City Schools? () YES () NO

If YES, please complete:

Position: _____ Location: _____

Dates: _____

Educational Record (This section must be complete. Begin with most recent and include all dates.)

Name of School/ College	City, State, Zip	Diploma or Degree Earned (please provide projected date of completion/graduation if applicable)

References: Please provide two non-family references below.

1. Reference Name: _____		
Relationship: _____		
Address: _____		
City: _____	State: _____	Zip: _____
Work Phone () _____	Home Phone () _____	
2. Reference Name: _____		
Relationship: _____		
Address: _____		
City: _____	State: _____	Zip: _____
Work Phone () _____	Home Phone () _____	

I waive my right of access to any information submitted by these references:

 Applicant's Signature

Please submit a copy of your resumé with your application.

Have you ever been convicted of a crime (other than a traffic violation) or imprisoned?

() YES () NO If you answered yes, please explain below.

Please answer "Yes" or "No" to the following questions:

1. Have you ever been convicted of a crime (other than minor traffic violations)?
() YES () NO
2. Are there any criminal charges pending against you for any offense (other than minor traffic violations)?
() YES () NO
3. Has the Family court or any other court ever rendered a finding indicating that you have abused or neglected a child?
() YES () No

CONFIDENTIAL ATTACHMENT TO APPLICATION FOR EMPLOYMENT INSTRUCTIONS

If, on your application, you indicated "YES" in any response to questions 1 through 3, please set forth, on a separate piece of paper, detailed and truthful information concerning your response. Then, sign and date your response and place it in an envelope, which you should seal and staple to this application.

APPLICANT'S STATEMENT

I DECLARE AND AFFIRM THAT THE STATEMENTS MADE IN THE FOREGOING APPLICATION, INCLUDING ACCOMPANYING STATEMENTS, RESUMES AND TRANSCRIPTS, ARE TRUE, COMPLETE AND CORRECT AND HAVE BEEN MADE BY ME IN ORDER TO VOLUNTEER OR TO STUDENT TEACH IN THE PEEKSKILL CITY SCHOOL DISTRICT WITH KNOWLEDGE THAT THEY WILL BE RELIED UPON. I UNDERSTAND THAT ANY FALSE OR MISLEADING STATEMENTS WILL BE CONSIDERED JUSTIFICATION FOR DISQUALIFICATION OF MY APPLICATION OR I WILL BE UNABLE TO CONTINUE ACTIVITIES FOR WHICH I HAVE VOLUNTEERED. I AUTHORIZE AN INVESTIGATION OF ALL STATEMENTS CONTAINED HEREIN AND AUTHORIZE THE REFERENCES LISTED ABOVE TO GIVE YOU ANY AND ALL INFORMATION CONCERNING MY PREVIOUS EMPLOYMENT AND ANY PERTINENT INFORMATION THEY MAY HAVE, AND RELEASE ALL PARTIES FROM ALL LIABILITY FOR ANY DAMAGE THAT MAY RESULT FROM FURNISHING SAME TO YOU.

Signature of Applicant

Date

THE PEEKSKILL CITY SCHOOL DISTRICT, ITS OFFICERS AND EMPLOYEES, SHALL NOT DISCRIMINATE AGAINST ANY STUDENT EMPLOYEE OR APPLICANT ON THE BASIS OF RACE, COLOR, NATIONAL ORIGIN, CREED, RELIGION, MARITAL STATUS, GENDER, AGE, HANDICAPPING CONDITION OR SEXUAL ORIENTATION. THIS POLICY OF NONDISCRIMINATION INCLUDES: ACCESS TO EDUCATIONAL PROGRAMS, OF THE EDUCATIONAL AMMENDMENTS OF 1972 AND SECTION 504 OF THE REHABILITATION ACT OF 1973, AS AMENDED AND PROMULGATED THERE UNDER, NOT TO DISCRIMINATE IN SUCH MANNER. PCSD HAS THE RIGHT TO DENY OR DISCONTINUE VOLUNTEER SERVICES.

AN EQUAL OPPORTUNITY EMPLOYER

Peekskill City School District
Volunteer Statement Affirming Understanding

I understand that information regarding students, families, staff, and the organization may be confidential in nature and that as a volunteer for the Peekskill City School District I will...

- respect the confidential nature of any verbal or written communication I receive regarding students, families, staff, and the organization and keep personal information confidential at school and after I leave school.
- be discreet in any verbal communication by not discussing students, staff, or families in front of others.
- immediately report directly to the principal or site administrator any information disclosed to me concerning a child's safety.
- make reasonable efforts to assure that each student is protected from harassment or discrimination and I will not harass nor discriminate against any student, staff member or volunteer on the basis of race, color, religion, sex, age, national or ethnic origin, political beliefs, marital status, handicapping condition, sexual orientation, or social and family background.

I also understand that relationships developed with children at school should remain at school and that for the protection of both the student, staff and volunteer, volunteers should not be left alone with a child that is out of view of school personnel or another adult volunteer.

Volunteers are also reminded that permission to communicate with a student outside the regular school day must be granted by the student's parent/guardian; the Peekskill City School District cannot and will not grant this permission.

I acknowledge receipt of School Board policy and procedure 4532, Prohibition of Harassment, Intimidation and Bullying. I understand it is my responsibility to read and understand all materials provided to me. I further understand that by law I am a mandatory reporter and agree to comply with all district, state and federal laws.

If I have questions regarding any of the materials provided I understand I am to contact Dr. Joseph Mosey, Compliance Officer.

Signature_____

Print_____

Date_____