**Volunteer Application Form**Winfield Public Schools – USD 465 1407 Wheat Road Winfield, KS 67156 Telephone: 620-221-5100

FOR OFFIC	E USE ONLY
Bkgr. Check: Initials:	

Last Name	First Name N	liddle Name	Home Phone	Cell Ph	none				
E-Mail Address			Work Phone	(Ext.)	Today's Date				
Home Address		Apt. #	City	State	Zip				
Confidential Personal Info	ormation: (Will be used for b	ackground c	heck only) <u>THI</u>	S SECTION IS RE	QUIRED!!!				
Date of Birth:		Driver's	License Num	ber OR Social Sec	curity Number:				
Month Day	Year DINFORMATION ***	State	Driv.	Driv. Lic/SS. #					
REQUIREL	DINFORMATION			REQUIRED I	NFORMATION				
Volunteer Goals: Goals:									
# of Days Want to Work:									
Availability: (check all that a	apply – if left blank it will be ass	sumed that yo	u are available any	time)					
<u>DAY</u>	AM PM	List Spec	ial Requests (spe	cific field trips) here:					
Monday									
Tuesday Wednesday									
Thursday									
Friday									
Education:									
School Name			Location (City, State)						
Highest Level Completed:				Degree(s) Awarded:					
Current or Most Recent Employment:									
Employer's Name			Dates of Employm	ent Occupation	(Type of work)				
Employer's Street Address				Department	of Suite Number				
Employer's City State Zip			May we call	May we call you at work? ☐ Yes ☐ No					

Prior Volunteer Service	;e:						
Where else have you vo	olunteered?						
Dates:	Agency:	Super	rvisor:	Tel	l	Dept	
Dates:	Agency:	Super	rvisor:	Tel	l	Dept	
Family members who w	ork for USD 465	Nar	me:				
		Nar	me:				
Have you ever served a	as a volunteer with us before?	No 🗆	Yes If yes, yε	ear?	Dept(s): _		
If you are part of a grou	up that requires volunteer service h	hours: (	Group Name:	#	# hours:	Due:	
Background Checks:	We consider the safety and s	security o	of our students to	be of the utmos	t importance.		
Have you ever entered (DO NOT include parkin	a plea other than "not quilty", plea ng violations)?	aded "nolo Yes				felony or misdemeanor	
Are you being required,	, by court order, to serve volunteer	r hours?	□ No □	Yes			
Interests and Pref	ferences: (select any/all t	that anr	aha)				
GRADE LEVEL	Webster Irving School (K-4) View School (5-6) ol (7-8)	·		☐ Math ☐ Reading ☐ Any Subje Clerical/Office Teacher Assis	ect tance Date:		
PERSONAL OR PROF	FESSIONAL REFERENCES (Ref	ferences n	nust be over 21 ye	ars old and not m	nembers of your	family.)	
Name of Reference			Relationship				
Address	Apt. #	3	City		State	Zip	
Home Phone			Work Telephone				
I certify that the statements made in this volunteer application are true and correct. I understand that this information may be disclosed to any party with legal and proper interest and I release USD 465 from any liability whatsoever for supplying such information. I understand that I will not be paid for my services as this is strictly volunteer work. I authorize representatives of USD 465 to contact any of my schools, former employers or other references to provide applicable information relevant to the volunteer position for which I am applying. I understand that if I falsified any information or omitted any material facts, termination of volunteer assignment may result at any time. I agree to abide by requirements set by USD 465							
Applicant's Signature				<del></del>	Date		