

VOLUNTEER APPLICATION

APPLICANT INFORMATION					
Application Date:					
First Name:			Last Name:		
Current Address:					
City:		State:		Zip:	
Home Phone:		Cell:		E-Mail:	
Occupation:					
Special skills, interests, and/or training:					
Do you speak another language? Yes <input type="checkbox"/> No <input type="checkbox"/> If so, what language?					
VOLUNTEER PREFERENCE					
What type of volunteer assignment would you prefer?					
What grade level do you prefer? Please indicate a first and second choice.					
() Pre-K () K-4 () 5 () 6-8 () 9-12					
Please indicate the day(s) you are available and the times(s) you prefer:					
	Monday	Tuesday	Wednesday	Thursday	Friday
Morning					
Afternoon					
Have you previously volunteered in the Peotone School District? Yes <input type="checkbox"/> No <input type="checkbox"/>					
When can you begin your volunteer assignment?					
REFERENCES					
Please list two persons who have known you for at least five years.					
(1.) Name:			(2.) Name:		
Phone:			Phone:		
HAVE YOU EVER BEEN ARRESTED, CONVICTED OF, ADMITTED COMMITTING, OR ARE YOU AWAITING TRIAL FOR ANY CRIME (EXCLUDING ONLY MINOR TRAFFIC VIOLATIONS NOT INVOLVING ANY ALLEGATION OF DRUG OR ALCOHOL IMPAIRMENT)? <u>YOU MUST ANSWER "YES" EVEN IF THE MATTER WAS LATER REDUCED, DISMISSED, DEFERRED, VACATED OR EXPUNGED.</u> IF YOU ANSWER "YES" YOU MUST PROVIDE DATES OF THE PROCEEDINGS, THE COURT WHERE THE PROCEEDINGS OCCURRED, A STATEMENT OF THE ACCUSATION AGAINST YOU AND THE FINAL DISPOSITION OF THE CASE(S).					
Yes <input type="checkbox"/> No <input type="checkbox"/> If "Yes," you must attach an explanation.					
Under penalty of prosecution and dismissal, I hereby certify the information presented on this application is true, accurate and complete. I understand any misrepresentation of facts; false statements or material omissions will result in the cancellation of my volunteer status with Peotone School District.					
Volunteer's Signature:				Date:	
PLEASE RETURN THIS COMPLETED APPLICATION TO:					
Peotone Community Unit School District 207-U Attention: Cindy Zeilstra 212 West Wilson Peotone, Illinois 60468					
ATTACHED TO THIS APPLICATION, PLEASE PROVIDE PROOF OF FINGERPRINTING					