

Peace Valley Charter School
Volunteer Application

Name _____ Date _____

Address _____

Email address _____ Phone _____

Secondary phone _____

Briefly explain why you wish to volunteer with PVCS

List any interests, skills, or hobbies that you could bring to the curriculum of PVCS

Are you a parent or legal guardian of a student at PVCS?

Yes

No

If so, please list the student(s) name(s) _____

Check all types of volunteer work that you are interested in

Science

English as a Second Language

Music

Art

Mentorship

Physical education

Creative writing

Other (describe)

Please list any languages other than English which you speak _____

Would you be willing to work with students in special education?

Yes

No

Can you volunteer one hour twice a week during the school year?

Yes

No

Is this request to volunteer motivated by a requirement for college coursework/department?

Yes

No

If so, please list your major and anticipated graduation year.

Major _____ Year _____

Most opportunities for volunteers are between 8:30 AM and 3 PM. Please indicate the best times for you - we request a minimum of one hour per visit.

Day: Monday Tuesday Wednesday Thursday Friday

Time: _____ _____ _____ _____ _____

Please briefly describe your employment/volunteer history:

Please list two references (excluding family members) - name, address, email address, phone number, and relationship.

Do you have any special needs that would assist or hinder your performance as a volunteer?

Volunteer Disclosure Statement

It is the policy of Peace Valley Charter School to make every reasonable effort to provide a safe learning environment for students working with volunteers. Therefore, the District requires the following confidential information from volunteers who work directly with students or assist staff on a regular basis; supervise/chaperone students; or act as a primary authority figure/ This statement must be completed and returned prior to beginning any volunteer experience.

Have you ever plead guilty of “no contest,” received a withheld judgment, or been convicted of a felony or misdemeanor under Idaho law or any other state/country law?

Yes

No

If yes, please explain:

Have you ever been convicted of any sex, alcohol, or drug related offense?

Yes

No

If yes, please explain:

Have you ever been convicted, or had an administrative finding, of violating any law involving child abuse, sexual abuse, physical abuse, sexual harassment or exploitation, or any other crime related to children?

Yes

No

If yes, please explain:

Have you ever been the subject of or listed as the perpetrator in a founded child abuse report?

Yes

No

If yes, please explain:

Are you required to register as a sex offender with the Sex Offender Registry?

Yes

No

If yes, please explain:

Do you currently have charges pending, or are there any ongoing investigations relating to any of the aforementioned?

Yes

No

If yes, please explain:

Has your driver's license ever been suspended or revoked for any reason? (answer to be used in determining volunteer drivers)

Yes

No

If yes, please explain:

"Yes" answers may require the applicant to provide court documentation and/or a letter of explanation. Please know that the school may review the Department of Law Enforcement Sex Offender Registry of Idaho and/or ask for a background check at any time.

I understand that any misrepresentation or material omission made by me on the application will be sufficient cause for cancellation of this application or immediate termination of my volunteer assignment, whenever it may be discovered.

Signature _____ Date _____