VOLUNTEER APPLICATION

OTHER:

An Equal Opportunity Employer

The district does not discriminate in employment or in the education programs and activities which it operates on the basis of race, color, national origin, religion, marital status, military status, sex, age, weight, sexual orientation, gender identity, ethnic

TIOGA CENTRAL SCHOOL

3 Fifth Ave. PO Box 241 Tioga Center, NY 13845

	ious practice, disability or predis								
	ne Education Amendments of 19 S.C. 12111 et. seq. known as the			-	DATE:				
the Rehabil	itation Act of 1973 and New Yor merica Equal Access Act of 2001	k State Human Ri							
PERSONAI	. INFORMATION								
NAME:									
STREET:			номе р	HOME PHONE:					
CITY:			WORK P	WORK PHONE:					
STATE: ZIP:									
EDUCATIO	N								
	NAME AND ADDRESS	FROM	то	DEGREE/N	MAJOR/GPA		DATE GRADUATED		
HIGH SCH:									
COLLEGE:									
OTHER:									
EMPLOYN	ENT (List current or most re	cent)	•						
EMPLOYER:		PHONE:	PHONE:		FROM:		TO:		
SUPERVISO	SUPERVISOR'S NAME:		YOUR JOB TITLE:						
		BRIEFLY LIST DUTIES:							
MAY WE CONTACT EMPLOYER AT ABOVE PHONE NUN			BER?	YES		NO			
REASON F	OR LEAVING								
	AVE PREVIOUS EXPERIENCE NO								
	RAINING:								
	(ILLS (i.e. art, carpentry, etc.)								
PLEASE CH	IECK ANY AREAS OF INTERES	T:							
GRADE MOTHER				_ MAKE POSTERS & DISPLAYS					
CLERICAL WORK AT HOME				_ HELP ON PLAYGROUND					
ONE-TO-ONE WORK W/CHILD				HELP W/CLASSROOM PROJECTS					
WORK W/SMALL GROUPS				SPEAK TO CLASS ON MY SPECIALTY:					
WORK W/TEACHER IN CLASSROOM				(WHICH IS:)					
	ASSIST AT PARTIES		_ LIBRARY VOLUNTEER						
	ASSIST ON FIELD TRIPS								

ADDITIONAL DATA PLEASE INDICATE WHAT DAYS AND TIME	ΛES YOU	ARE AVAILABLE TO V	OLUNTEER:		
MONDAY		THURSDAY	,		
TUESDAY		FRIDAY			
WEDNESDAY			SPECIAL EVEN	TC	
ADDITIONAL COMMENTS:		WEEKEND	SPECIAL EVEN	13	
ADDITIONAL COMMENTS:					
DATE OF LAST PHYSICAL:					
DOCTOR'S NAME:			TELEPHONE:		
ANY LIMITATIONS, DISABILITIES, ALLER	GIFS:		TELEFTIONE.		
ANT ENVITATIONS, DISKBIETTES, MEEEN	IGILS.				
ARE YOU PRESENTLY ON MEDICATION		YES	N	0	
	ON.	1L3		O	
IF YES, STATE KIND & REASO	ON:	D A D.T. TIA AS		Icu in certe	ITE
SCHEDULE DESIRED: FULL TIME	NDI F TO	PART-TIME		SUBSTIT	JIE
LIST ANY DAYS/HOURS YOU ARE NOT A		WORK:			
HOW DID YOU HEAR ABOUT THIS JOB?		/FC	NO		
HAVE YOU WORKED HERE BEFORE:		ES	NO		
IF YES, HOW LONG REASON FOR LEAVING	F	PREVIOUS POSITION			
LIST ANY FRIENDS OR RELATIVES WOR	KINIC MI	TILLIC NIONA			
PERSONAL REFERENCES (only list p		rsons we may co		ATIONSHIP	PHONE
APPLICANT: READ AND SIGN IN The information provided by me in this am approved, any false statement will District will be making an extensive inquanyone giving information regarding material relevant to the duties for which I have a information gathered by you regarding released to me unless required by federal	applicat be consi uiry rego ne (whet applied. n my app	ion is true and comple dered as cause for pos arding my background her specified in my ap If requested, I will sig lication will be the pro	ssible dismisson and experient plication or no n individual re operty of the T	ll. I understand thace and i hereby rele t) so long as the in leases. I further ur	nt Tioga Central School ease from any liability formation given is nderstand that all
SIGNATURE:					DATE:
		DO NOT WRITE IN TH	IS SECTION		
DECOMMATNEED DV				601414=	ITC
RECOMMENDED BY		DATE		COMMEN	112

