**Volunteer Application Form**

Sumner County Educational Services Interlocal 619

221 W. 15th

Wellington, KS 67152

Telephone: 620-326-8935

Last Name First Name Middle Name Home Phone Cell Phone

E-Mail Address Work Phone (Ext.) Today’s Date

Home Address Apt. # City State Zip

**Confidential Personal Information: (Will be used for background check only) *THIS SECTION IS REQUIRED!!!***

**Date of Birth: Driver’s License Number AND Social Security Number:**

 **Month \_\_\_\_\_\_\_ Day \_\_\_\_\_\_\_ Year \_\_\_\_\_\_\_\_\_\_ Driv. Lic SSN**

Volunteer Goals:

# of Days Want to Work: 🞏 1 🞏 2 🞏 3 🞏 4 🞏 5 🞏 Multiple or Any/All

Availability: (check all that apply – if left blank it will be assumed that you are available any time)

 **DAY AM PM List Special Requests(specific 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 Employment Occupation (Type of work)

Employer’s Street Address Department of Suite Number

Employer’s City State Zip May we call you at work?

 Yes No

 Best Times:

**Prior Volunteer Service:**

Where else have you volunteered? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Dates: Agency: Supervisor: Tel. Dept.

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Family members who work for Interlocal 619 Name:

 Name:

Have you ever served as a volunteer with us before? No Yes If yes, year? Dept(s):

If you are part of a group that requires volunteer service hours: Group Name: # hours: Due:

**Background Checks: We consider the safety and security of our students to be of the utmost importance.**

Have you ever entered a plea other than “not quilty”, pleaded “nolo contendere”, or been convicted of a crime, either a felony or misdemeanor (DO NOT include parking violations)? No Yes Please explain / list:

Are you being required, by court order, to serve volunteer hours? No Yes

**Interests and Preferences: (select any/all that apply)**

 GRADE LEVEL

* Pre-School
* Elementary Grades (K-4)
* Intermediate Grades (5-6)
* Middle School (7-8)
* High School (9-12)

Working with students

* Math
* Reading
* Any Subject
* Clerical/Office
* Teacher Assistance
* FIELD TRIP: Date:

**PERSONAL OR PROFESSIONAL REFERENCES** (References must be over 21 years old and not members of your family.)

Name of Reference Relationship

Address Apt. # 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 Interlocal 619 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 Interlocal 619 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 Interlocal 619.

Applicant’s Signature Date

Complete the application and return it Sumner County Educational Services Interlocal 619, 221 W. 15th, Wellington KS 67152.