LISBON CENTRAL SCHOOL DISTRICT
6866 County Route 10 * Lisbon, NY 13658
Telephone (315) 393-4951* Fax (315) 393-7666

VOLUNTEER APPLICATION FORM

Thank you for your interest in working with the children and staff of the Lisbon Central School District. Please complete all portions of this application. If you have any questions regarding the completion of this form or your activities, please contact the Superintendent.

Volunteer Name: _____
(First) **(Middle)** **(Last)**

Maiden/Alias/Other Names: _____

Date of Birth: _____
(Month/Day/Year)

Address:
_____
(Street) **(City)** **(State)** **(Zip)**

If at current address less than five years, list previous residence(s): _____
_____

Telephone: _____

Are you currently an employee of the Lisbon Central School District? _____No _____Yes

Position/Building _____
(Employees, who have already received background clearances, do not have to go through an additional background check)

Are you a (circle one) parent/guardian/family member of a student in the Lisbon Central School District? _____Yes _____No

Child(ren) Name(s)	Grade/Teacher	School

Please respond to the following questions truthfully. Disclosure of a prior criminal history will not automatically prohibit volunteer status.

	Yes	No	
1.	_____	_____	Have you ever been convicted of child abuse or child endangerment?
2.	_____	_____	Are you required to register as a sex offender?
3.	_____	_____	Have you ever been convicted of a felony?

MY SIGNATURE BELOW INDICATES THAT I CONSENT TO A CRIMINAL BACKGROUND CHECK FOR CONVICTIONS OF CHILD ABUSE OR CHILD ENDANGERMENT, SEX AND DRUG OFFENSES, AND CRIMES OF VIOLENCE. I WILL ABIDE BY ALL APPLICABLE SCHOOL RULES AND BOARD OF EDUCATION POLICIES AND REGULATIONS AND THAT THE FOLLOWING INFORMATION PROVIDED BY ME IS TRUE, COMPLETE AND CORRECT.

Application Date:_____ _____
Signature of Volunteer Applicant

FOR SCHOOL USE ONLY:

APPROVED_____DISAPPROVED:_____ DATE:_____SIGNATURE OF SUPERINTENDENT OR PRINCIPAL_____