



## VOLUNTEER INTEREST APPLICATION

*Continuing its commitment to the partnership between school, home, and community, the School District offers a District-wide program to utilize the valuable resources provided by our volunteers.*

Thank you for your interest in volunteering with the Flagstaff Unified School District. Our district counts on community and volunteer support to augment and enhance the positive experience for all of our students. We know your time is valuable to you and thus we greatly appreciate your willingness to donate your time with us. ~ Faculty and Staff of FUSD

### STEPS TO VOLUNTEERING WITH FUSD

1.  Print this Volunteer Application and complete all sections
  2.  Take it to the school site/program for which you are volunteering
  3.  The school site completes the Reference Check Page with a minimum of 2 References. When finished, the school will return your application to you.  
**STOP: Be sure all of the steps above are completed before continuing.**
  4.  Bring the now finalized, and preferably notarized, application including the Reference Check Page to the District Office, 3285 E. Sparrow Ave, Flagstaff, AZ 86004. Upon delivery, the HR staff will guide you in completing the BIB background screening and if the document is not notarized, will do so.
- PLEASE NOTE: FUSD HUMAN RESOURCES CAN ONLY ACCEPT A COMPLETE APPLICATION WHICH INCLUDES TWO (2) CANDIDATE REFERENCE CHECKS, WHICH MUST BE COMPLETED BY THE SCHOOL SITE/PROGRAM IN WHICH YOU ARE VOLUNTEERING.**
- Please bring a picture ID, as it is required.
5. Once the background screening is completed, HR will notify you and the school site of your approval. You are then authorized to begin volunteering with the school.

Name \_\_\_\_\_

Email \_\_\_\_\_

Address \_\_\_\_\_

Phone (\_\_\_\_\_) \_\_\_\_\_ School Site \_\_\_\_\_

Please provide specific information on the classroom, sport, program or event you are volunteering with. If you are volunteering as part of a class or group, please include the name of the organization you are associated with. \_\_\_\_\_

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Names, grades, and schools of any students in the District: \_\_\_\_\_

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Are you now or have you been a volunteer in the District schools?  Yes  No  
If so, when? \_\_\_\_\_

Duties, activities? \_\_\_\_\_

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How frequently do you anticipate volunteering:  Weekly  Monthly  On call (as needed)

### **Flagstaff Unified School District No. 1** ***Supplementary Application Questions***

“Yes” answers to the following 4 questions will not necessarily result in denial of eligibility. The District will consider all the circumstances, including the date and nature of events that have led to the actions described below. Your written explanation will assist the District in determining your eligibility and suitability as a volunteer. Attach additional sheets if necessary.

1. Have you ever been convicted of, admitted committing, or are you awaiting trial for any crime (except only minor traffic violations not involving any allegation of drug or alcohol impairment)? You must answer “YES” even if the matter was later dismissed, deferred, vacated or expunged. 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  No      Explanation:

2. Have you ever been dismissed (fired) from any job, or resigned at the request of the employer, or while charges against you or an investigation of your behavior was pending? You must answer “YES” even if the matter was later resolved with any form of settlement or severance agreement, regardless of its terms. If you answer “YES” you must provide the date of termination of employment, the name, address and telephone number of the employer(s) and a statement of the alleged reasons for termination.

Yes  No      Explanation:

3. Have you ever had any license or certificate of any kind (teaching certificate or otherwise) revoked or suspended, or have you in any way been sanctioned by or is any charge or complaint now pending against you before any licensing, certification or other regulatory agency or body, public or private? If you answer “YES” you must provide the dates of proceedings, name, address and telephone number of the agency or body where proceedings took place, a statement of the accusations against you and the final disposition.

Yes  No      Explanation:

4. Are you now being investigated for any alleged misconduct or other alleged grounds for discipline by any licensing, certification or other regulatory body (teacher certification or otherwise) or by your current or any previous employer? If you answer “YES” you must provide the name, address and telephone number of the employer or licensing body and a statement of the accusations against you.

Yes  No      Explanation:

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Applicant Signature

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Date

Please list three friends or employers, preferably local, who have known you for two years or more and whom we may contact:

VOLUNTEER REFERENCE CHECK FORM		
Volunteer Name:		
Volunteer Position:		
# 1 Reference Name:		Title/Relationship:
Phone Number:		# of Years Known:
SECTIONS IN GREY TO BE COMPLETED BY SCHOOL SITE		
Date of Reference Call:		
Would you recommend this candidate to volunteer with FUSD? Why or why not?		
Is the candidate trustworthy, ethical, and a good fit to be around children?		
Is there anything else you can tell me about this candidate?		

#2 Reference Name:		Title/Relationship:
Phone Number:		# of Years Known:
Date of Reference Call:		
Would you recommend this candidate to volunteer with FUSD? Why or why not?		
Is the candidate trustworthy, ethical, and a good fit to be around children?		
Is there anything else you can tell me about this candidate?		

#3 Reference Name:		Title/Relationship:
Phone Number:		# of Years Known:
Date of Reference Call:		
Would you recommend this candidate to volunteer with FUSD? Why or why not?		
Is the candidate trustworthy, ethical, and a good fit to be around children?		
Is there anything else you can tell me about this candidate?		

SCHOOL SITE:	
References checked by:	
Position/Title:	

## SCHOOL VOLUNTEERS

### QUALIFICATIONS AND REQUIREMENTS

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Name	Volunteer Site/Position
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I, \_\_\_\_\_, being duly sworn, do hereby certify that I have never been convicted of or admitted in open court or pursuant to a plea agreement committing, and am not now awaiting trial for committing, any of the following criminal offenses in the state of Arizona or similar offenses in any other jurisdiction:

- Sexual abuse of a minor
- Incest
- First or second-degree murder
- Kidnapping
- Arson
- Sexual assault
- Sexual exploitation of a minor
- Felony offenses involving contributing to the delinquency of a minor
- Commercial sexual exploitation of a minor
- Felony offenses involving sale, distribution, or transportation of, offer to sell, transport, or distribute, or conspiracy to sell, transport, or distribute marijuana or dangerous or narcotic drugs
- Felony offenses involving the possession or use of marijuana, dangerous drugs or narcotic drugs
- Misdemeanor offenses involving the possession or use of marijuana or dangerous drugs
- Burglary in the first degree
- Burglary in the second or third degree
- Aggravated or armed robbery
- Robbery
- A dangerous crime against children as defined in A.R.S. 13-604.01
- Child abuse
- Sexual conduct with a minor
- Molestation of a child
- Manslaughter
- Assault or Aggravated assault
- Exploitation of minors involving drug offenses

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Volunteer signature

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Date signed

Subscribed, sworn to, and acknowledged before me by \_\_\_\_\_  
\_\_\_\_\_, this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_,  
in \_\_\_\_\_ Coconino \_\_\_\_\_ County, Arizona.

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My Commission Expires

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Notary Public

**Consent to Conduct Background Investigation and Release**  
**Flagstaff Unified School District No. 1**

I, \_\_\_\_\_ (applicant's name), have applied for employment with the Flagstaff Unified School District to work as a \_\_\_\_\_ (job title). I understand that in order for the School District to determine my eligibility, qualifications and suitability for employment, the School District will conduct a background investigation if I am considered for an offer of employment. This investigation may include asking my current and any former employer and educational institution I have attended about my education, training, experience, qualifications, job performance, professional conduct and evaluations, as well as confirming my dates of employment or enrollment, position(s) held, reason(s) for leaving employment, whether I could be rehired, reasons for not rehiring (if applicable) and similar information.

I hereby give my consent for any employer or educational institution to release any information requested in connection with this background investigation.

According to the Family Educational Rights and Privacy Act, I understand that I have a right to see most education records that are maintained by any educational institution.

I waive \_\_\_\_ / do not waive \_\_\_\_ (initial one only) my right to see any written reference or other information provided to the School District by any educational institution.

According to Arizona Revised Statutes Section 23-1361, any employer that provides a written communication to the School District regarding my current or past employment must send me a copy at my last known address. I acknowledge that some employers are unwilling to provide factual written references concerning a current or past employee unless they may do so confidentially, without revealing the references to the employee, and that the School District will not further consider my application if it cannot complete its background investigation.

I waive \_\_\_\_ / do not waive \_\_\_\_ (initial only one) my right to receive a copy of any written communication furnished to the School District by any employer.

Whether or not I have waived my right to see or to receive copies of written references furnished to the School District by employers or educational institutions, I release, hold harmless and agree not to sue or file any claim of any kind against any current or former employer or educational institution, and any officer or employee of either, that in good faith furnishes written or oral references requested by this School District to complete its background investigation.

A photocopy of facsimile ("fax") copy of this form that shows my signature shall be as valid as an original.

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

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Witness Signature

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Applicant Signature

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Witness: Print Name

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Applicant: Print Name

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Witness Title