



**Mount Markham Central School District**  
***VOLUNTEER APPLICATION***

*MMCSD School District Policy 1003 approved 2-12-2019*

Each applicant seeking volunteer status must complete this form and must be interviewed by an appropriate administrator. The Superintendent of Schools must approve and recommend the volunteer for Board of Education approval before volunteer services may commence.

*Volunteers providing casual or infrequent service (such as parent assisting with a class field trip etc.) are not required to undergo the formal volunteer approval process.*

Application Date \_\_\_\_\_

Volunteer Position Sought \_\_\_\_\_

Name \_\_\_\_\_ email \_\_\_\_\_

Home Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

***EDUCATION***

Highest Level of Education \_\_\_\_\_

***EMPLOYMENT***

Current Employer, if applicable:

Position/Title \_\_\_\_\_

Dates of Employment (starting, ending) \_\_\_\_\_

Company/Employer \_\_\_\_\_

Address \_\_\_\_\_

***SKILLS & EXPERIENCE***

Special training, skills, hobbies \_\_\_\_\_

Groups, clubs, organizational membership's \_\_\_\_\_

Please describe your prior volunteer experience (include organization names and dates of service)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What experiences have you had that may prepare you to work as a volunteer in the position you are requesting.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Why do you want to volunteer?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have you ever been convicted of a crime? [If yes, please explain the nature of the crime and the date of the conviction and disposition.] Conviction of a crime is not an automatic disqualification for volunteer work.

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A copy of applicant's government issued photo-identification is required with this application.

**REFERENCES**

Please list three people who know you well and can attest to your character, skills, and dependability. Include your current or last employer.

Name	Relationship to you	Length of relationship	Phone number

*Please read the following carefully before signing this application:*

I understand that this is an application for and not a commitment or promise of volunteer opportunity. I certify that I have and will provide information throughout the selection process, including on this application for a volunteer position and in interviews with Mount Markham Central School Administration/Superintendent that is true, correct and complete to the best of my knowledge.

I certify that I have and will answer all questions to the best of my ability and that I have not and will not withhold any information that would unfavorably affect my application for a volunteer position. I understand that information contained on my application will be verified by Mount Markham Central School District I understand that misrepresentations or omissions may be cause for my immediate rejection as an applicant for a volunteer position with Mount Markham Central School District or my termination as a volunteer.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**OFFICE USE ONLY–Please print**

Administrator conducting Interview \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_

Background check completed by: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_

Administrator Recommendation  Yes  No

**I have provided the volunteer a copy of the Additional Information for Volunteer Applicants**

**A copy of applicant's government issued photo-identification must be attached.**

Date: \_\_\_/\_\_\_/\_\_\_

Superintendent Approval for \_\_\_\_\_ position.  Yes  No

Board of Education Meeting Approval Date: \_\_\_/\_\_\_/\_\_\_

MMCS District Office -315-822-2833