

**Portland Public Schools
Volunteer Application**

Please complete this form and return to the Community Coordinator at your school.

I. Volunteer Name _____

Please note if you have ever used another last name: _____

Address _____

Day Phone _____ Your DOB _____

Email Address _____

Student(s) name(s) (*list all*) _____

Student(s) grade/teacher (*list all*) _____

II. Current Employer _____

Address _____

Supervisor's Name _____ Day Phone _____

III. References (two individuals who are *not related* to you).

Name _____ Day Phone _____

Address _____

Email _____

Name _____ Day Phone _____

Address _____

Email _____

IV. If you have lived outside Maine, please identify the states and dates below:

V. In case of an emergency, please notify:

Name _____ Phone _____

Physician's Name _____ Phone _____

Significant Health Issue (optional) _____

Hospital Preference _____

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VI. Confidential Background Information - The following information is asked of all individuals who volunteer to work with our children to help insure the safety of our students.

Have you ever been charged with or investigated for sexual abuse or harassment of another person?

Yes

No

Have you ever been convicted of a crime (other than a minor traffic offense)?

Yes

No

Have you entered a plea of guilty or “no contest” (nolo contendere) to any crime (other than a minor traffic offense)?

Yes

No

Has any court ever deferred, filed or dismissed proceedings without a finding of guilty and required that you pay a fine, penalty or court costs and/or imposed a requirement as to your behavior or conduct for a period of time in connection with any crime (other than a minor traffic offense)?

Yes

No

If you have answered "yes" to any of the previous questions, please explain in detail on the back of this application all circumstances, including the date of court action, the offense in question and the address of the court involved.

Refusal to provide authorization for reference and/or criminal records checks and/or providing false or misleading information on this application form shall constitute sufficient reason to deny approval to serve as a volunteer or termination as a volunteer in the Portland Public Schools.

I understand that the Portland Public Schools performs reference and criminal records checks on volunteers. I further authorize those persons, agencies, or entities that the Portland Public Schools contact in connection with my volunteer application to fully provide the Portland Public Schools any information on the matters set forth above. I expressly waive in connection with any request for or provision of such information, any claims, including without limitation, defamation, emotional distress, invasion of privacy, or interference with contractual relations that I otherwise might have against the Portland Public Schools, its agents, and its officials, or against any provider of such information. I understand that the Portland Public Schools reserves the discretion to deny my application or revoke approval to serve as a volunteer at any time if it is deemed in the best interests of the district.

Signature _____ **Date** _____

For Office Use Only:

Action	Confirmed by (initials):	Date:
Signed Student Privacy Statement and Confidentiality Agreement received:		
Background Check received:		
Screening Level Requested:		
Approved by:		