



FORT WAYNE COMMUNITY SCHOOLS

Volunteer Application

Please return your completed application to: Community Programs 826 Ewing Street Fort Wayne, IN 46802

Please Print Clearly

Name: _____

Home phone: _____ Cell phone: _____

Home address: _____

City: _____ State: _____ Zip: _____

E-mail address: _____

FWCS school(s) for which you are volunteering: _____

State briefly why you'd like to become a school volunteer: _____

OPTIONAL (for nondiscrimination reporting purposes)

Gender: male female

Race: African-American Hispanic Caucasian other

EMPLOYMENT

work full-time work part-time high school student college student

stay-at-home parent/homemaker retired unemployed

If employed:

Company: _____ Phone : _____

Address: _____

City: _____ State: _____ Zip: _____

EDUCATION

Highest level completed: elementary high school college grad. school

Degree(s): _____

EXPERIENCE/SKILLS

Volunteer experience: _____

Work experience: _____

Special skills/interests: _____

Please complete side two of this application

Updated 09/08

You must attach a copy of a valid photo I.D. for processing

REFERENCES

Provide complete address information for two references who are not family members and not employees of FWCS. All references will be mailed a brief questionnaire to be completed and returned.

1. Name: _____
 Address: _____
 City: _____ State: _____ Zip: _____
 Phone: _____ E-mail: _____
2. Name: _____
 Address: _____
 City: _____ State: _____ Zip: _____
 Phone: _____ E-mail: _____

BACKGROUND INFORMATION

A yes answer will not of itself automatically exclude an application from consideration

- Have you ever been convicted of any crime? ____ yes ____ no
- If yes, was the crime a felony? ____ yes ____ no what year? _____ what state? _____
- Explain: _____
- If yes, was the crime a misdemeanor other than a minor traffic violation? ____ yes ____ no
- What year? ____ what state? ____ explain: _____
- Do you currently have any pending criminal charges? ____ yes ____ no
- If yes, please explain: _____

STATEMENT OF COMMITMENT

As a volunteer working with FWCS students, I agree to comply with the following directives:

- ✓ Authorize the release of information with the police department.
- ✓ Abide by all school rules and FWCS Board of School Trustees policies.
- ✓ Honor the commitment to work as scheduled. If I must be absent from a scheduled commitment, I will notify the appropriate person in advance.
- ✓ Communicate regularly with school personnel.

Signature: _____

SSN# _____ Date of Birth _____ Date _____

The application must be notarized in order to process

Signature of Notary: _____

Printed Name of Notary: _____

Expiration of term: _____

You must attach a copy of a valid photo I.D. for processing