

Nogales Unified School District

Application for School Volunteer

Site: _____

Student Name: _____

Please Select Option that Applies

First Time Parent Volunteer
Non-Parent Volunteer
Employee
Renewal

Non-Parent Volunteers Require Fingerprint Clearance

Site Assignment is Subject to School District Approval or Cancellation at Anytime

Volunteer Agreement

I would like to volunteer my time and service to participate as a VOLUNTEER during the school year that ends June 30th for the above noted site.

I am volunteering of my own free will. I understand and agree that my volunteer participation is not being performed as part of my employment, if any for Nogales Unified School District and that my participation is not in any way required by Nogales Unified School District or its Governing Board.

I have not been promised and do not expect to receive any payment, benefits or other compensation for my time and service. If employed by the School District in another capacity, volunteer services I will perform do not involve the same or similar services that I perform as an employee, and are not closely related to my duties and responsibilities as an employee.

I understand that participation as a volunteer may be terminated by Nogales Unified School District #1 at any time without cause and, that I may withdraw from participation at any time and for any reason. Neither participation, nor withdrawal from participation will affect any employment I may have with Nogales Unified School District.

Volunteer Signature & Date

Administrator Signature & Date

Expiration Date

Board Approval Date

| | | | |
|------------------|-------|--------|----------------|
| Last Name | First | Middle | Date of Birth |
| Address | | | Home Telephone |
| City, State, Zip | | | Work Telephone |

| | | |
|----------|------------|---------------------|
| Employer | # of Years | Dates of Employment |
| Address | | Telephone |
| Duties | | Supervisor |

Please list below any certification, CPR, First Aide, etc.

| Certificate Type | Valid Date | Expiration Date | Approved Areas | Endorsements |
|------------------|------------|-----------------|----------------|--------------|
| | | | | |
| | | | | |

Please give three references that are familiar with your personality, character & work habits. DO NOT include personal friends & family.

| NAME | ADDRESS | TELEPHONE | RELATIONSHIP |
|------|---------|-----------|--------------|
| | | | |
| | | | |
| | | | |

Because of the tremendous responsibility Nogales Unified School District has to its school children and community, the following information is needed from all applicants regarding convictions. Failure to complete this form accurately may mean disqualification from consideration. Carefully read and answer each question.

Have you **ever** been convicted for a sex or drug related offense? _____

Have you **ever** been convicted of a felony? _____

Have you **ever** been convicted of a dangerous crime against children? as defined in ARS 13.604.01? _____

ARS 13.604.01 requires applicants to give notice of any conviction for dangerous crimes against children. These crimes are defined as SECOND DEGREE MURDER, AGGRAVATED ASSAULT RESULTING IN SERIOUS PHYSICAL INJURY OR INVOLVING THE DISCHARGE, USE OR THREATENING EXHIBITION OF A DEADLY WEAPON OR DANGEROUS INSTRUMENT; SEXUAL ASSAULT; MOLESTATION OF A CHILD; SEXUAL CONDUCT WITH A MINOR; COMMERCIAL SEXUAL EXPLOITATION OF A MINOR; SEXUAL EXPLOITATION OF A MINOR; CHILD ABUSE; KIDNAPPING; SEXUAL ABUSE; TAKING A CHILD FOR THE PURPOSE OF PROSTITUTION; CHILD PROSTITUTION; INVOLVING OR USING MINORS IN DRUG OFFENSES; CONTINUOUS SEXUAL ABUSE OF A CHILD; ATTEMPTED FIRST DEGREE MURDER; SEX TRAFFICKING; MANUFACTURING METHAMPHETAMINE UNDER CIRCUMSTANCES THAT CAUSE PHYSICAL INJURY TO A MINOR; BESTIALITY

If any of the questions above are answered "YES", please fill in information below.

Date(s): _____ Charge: _____

City/State: _____ Disposition: _____

Remarks: _____

Conviction means the final judgment of a verdict or a finding of guilty, plea of guilty, or a plea of nolo contendere, in any state or federal court of competent jurisdiction in a criminal case, regardless of whether an appeal is pending or could be taken. Conviction does not include a final judgment which has been expunged by pardon, reversed, set aside or otherwise rendered invalid.

IMPORTANT

Before final consideration for a school volunteer, the candidate must have a complete file in the personnel office. This file is to include a completed application form, fingerprints, applicable certification and criminal history affidavit, and be approved by the Governing Board.

Any falsification or omission herein shall be considered sufficient cause for dismissal.

I have read and fully understand that I hereby authorize each person, school district, firm and corporation listed on my application to answer any questions and give any information that may be sought concerning this application, my work habits, character or skills.

Furthermore, I agree to comply with the directives of my supervisors and/or district administrator. The District and its agents, students, employees and volunteers, individually or jointly, are not liable for any injury, damage or liability that may occur to me unless the District or its agencies, students, employees or volunteers are grossly negligent, and then only to the extent of the gross negligence.

Volunteer Signature

Date

District Employees Only

Review for Non-Exempt Employees Administrator Use Only

Instructions:

In order to let a non-exempt employee of our district volunteer, to provide his or her services, the answers to the questions must be YES. If the answer is NO the employee is not a volunteer, and our district could potentially become liable for significant amounts of money under the overtime requirements of the Fair Labor Standards Acts (FLSA).

Please answer each question and sign at the bottom. This worksheet must accompany the volunteer application if the individual is employed with the District and/or is anticipated that the individual will be employed with the District in the near future.

Name of Volunteer: _____

Work Site of Volunteer: _____

Activity of Volunteer: _____

YES NO **Is the employee offering his or her services freely, without pressure or coercion?**
Note: if choosing not to perform those services could have a negative effect on the employee's employment, the employee is not offering his or her services freely.

YES NO **Will the employee receive NO compensation other than reimbursement of expenses?**
Note: Acceptable compensation includes reimbursing certain out of pocket expenses such as transportation, purchasing supplies, uniforms, etc.

Is the Employee:

YES NO **Volunteering for an agency or group other than the school district?**
Note: A parent-teacher association or sports booster club that's independent of our school district counts as a different group. But a high school employee who volunteers at a middle school is still performing services for the school district.

OR

Is the Employee:

YES NO **Performing different services than he or she is employed to perform as part of a paying job?**

Administrator Signature

Date

Human Resources Director

Date

HUMAN RESOURCE OFFICE USE ONLY

*Application on File
Volunteer Consent & Acknowledgement Form on File
Fingerprints on File
Criminal History Information Affidavit on File*