

Geneseo Central School
4050 Avon Road, Geneseo, NY 14454
(585) 243-3450 Fax (585) 243-9481

VOLUNTEER APPLICATION FORM

Instructions: Thank you for your Interest in working with the children and staff of the Geneseo Central School District. Please complete all portions of this application. If you have any questions regarding the completion of this form or your activities as a volunteer, please contact the Superintendent's Office at 585-243-3450 Ext 2214.

Full Name: Last First Middle Social Security #

Home Phone # Cell# Email Address

Home Address: Street City State Zip Code

In what area are you interested in volunteering? _____

Education/Experience in the area in which you are applying: _____

In case of emergency, please contact: Name _____ Phone: _____

Have you ever been convicted of a crime? ☐ Yes ☐ No

If yes, please give details: _____

Have you completed finger printing through NYS TEACH? ☐ Yes ☐ No

Are you CPR/ AED certified? ☐ Yes Expiration Date: _____ ☐ No

References: Give the name, address and telephone number of three (3) references who are not related to you:

Name Address Telephone #

APPLICANT'S STATEMENT

I certify the answers given herein are true and complete to the best of my knowledge. I understand that I am not an employee of the Geneseo Central School District. As a volunteer participant at the school, I agree to hold the School District, Board of Education, Administration, Faculty and Staff harmless from any and all claims for damage or liability as a direct or indirect result of my participation as a volunteer. I understand that I am required to abide by all the rules and regulations of the District.

Signature of Applicant _____ Date _____

For Office Use Only:

Recommended for Approval by:

A) Athletic Director (if sport related): _____

B) Principal (if classroom related): _____

C) Volunteer Assignment: _____

D) Date(s) of Service: _____

Select one:

_____ 1-5 days in school (no fingerprints required)

_____ Over 5 days in school (fingerprints required)

Board Approval Date: _____



VOLUNTEER AGREEMENT & APPLICATION

Thank you for your willingness to serve as a volunteer for Geneseo Central School District. The purpose of this Agreement is to establish expectations for volunteers, which will help ensure that effective educational activities take place in a safe, secure, and welcoming environment.

Your signature on this application indicates that you understand and agree to all the following provisions while volunteering in the Geneseo Central School District:

1. During the school day, I will check in at the visitor's entrance when I arrive at school, so that only authorized individuals will be on school grounds.
2. At all times, I recognize that I serve under the direct supervision of a School Administrator and/or an activity advisor or coach who will determine my schedule, work location, and duties, and I am responsible to comply with directions from these individuals.
3. I will wear my volunteer (or visitor's) badge at all times that I remain as a volunteer in a school, on school grounds, or while volunteering at any school activity.
4. Because I recognize that teachers, students, and others depend on me, I will notify appropriate school personnel as soon as possible if I must be late or absent.
5. I will not give medications or medical treatment to a student.
6. I will not make referrals or suggestions for referral to any private or public treatment program, individual or agency.
7. I will not promote or otherwise share my religious or political beliefs with students or staff members.
8. I will immediately report directly to the advisor or coach I am working with, the school principal or another administrator any information disclosed to me concerning a child's safety.
9. I will notify the advisor or coach I am working with, the school principal or another school administrator of any potential student disciplinary issues and will seek the aid of appropriate school personnel in the case of serious discipline problems or suspected mental health or drug/alcohol problems.
10. I will not harass nor discriminate against any student, staff member, or volunteer on the basis of race, color, religion, sex, age, national or ethnic origin, political beliefs, marital status, disabling condition, sexual orientation, or social or family background.
11. I will respect the confidentiality of any student or staff member information to which I have access during my volunteer work.
12. I understand that prior to serving as a Volunteer, or at any time during my service as a Volunteer, Geneseo Central School District may seek or conduct a report from a reporting agency that may include information concerning my criminal history. By providing the information requested and signing below, I consent to such a background check. I further agree to provide any additional information that may be necessary in order that the District can seek or conduct such a background check. Any falsification on this form or any information I provide to the District may result in consequences up to and including the termination of the volunteer relationship.
13. I understand that the District reserves the right to decline or terminate my volunteer service at any time.
14. I understand that I am expected to be familiar with the school building's fire drill and other safety and emergency procedures.
15. I understand that as a Volunteer I am covered by the School District's liability insurance as long as I follow Volunteer protocol, and I immediately notify the advisor or coach I am working with or a Principal/Administrator of any occurrence that may result in a claim.
16. I understand that I am not authorized to drive School District vehicles or to transport children, staff or school guests in my own vehicle.
17. I understand and agree that any injury I may sustain while performing as a Volunteer will not be covered by the School District's Workers' Compensation insurance unless such coverage is provided under state law.



Please describe the locations or types of volunteer work you are interested in:

Health Information:

Do you have any special medical/physical limitations that will significantly impact your volunteer service, or require special accommodations to enable you to volunteer? D Yes D No

If yes, please describe:

Are you taking any medications of which we should be aware in the event of an emergency?

☐ Yes ☐ No

Legal Information:

Have you ever been convicted of a felony or misdemeanor? ☐ Yes ☐ No

Name (Please Print)

Signature

Date

Home Address

Telephone Number

Emergency Contact
(Name and Telephone#): _____