



**Creighton School District No. 14
Volunteer Application**

Date: _____

Parent Step-parent Legal Guardian Grandparent Community Member

First Name _____ **Last Name** _____

Address _____ **City** _____ **State** _____ **Zip Code** _____

Telephone _____ **Mobile Phone** _____ **Email Address** _____

Do you have any children attending our schools? Yes No

If yes, please list child's name, school & teacher's name _____

Please select the school that you are interested in volunteering:

Biltmore Prep Creighton Excelencia Gateway Kennedy Loma Linda Machan Monte Vista Papago

Day(s) and time(s) in which you are available:

Monday AM Tuesday AM Wednesday AM Thursday AM Friday AM

Monday PM Tuesday PM Wednesday PM Thursday PM Friday PM

Please check your preferences for volunteer areas / activities:

Library Health Office Front Office APTT Interpreter Teacher Support - please specify grade K 1-3 4-6 7-8

Which languages do you speak fluently? _____

Emergency contact information:

Name _____ **Relationship** _____ **Phone Number** _____

Because of the tremendous responsibility CSD has to its school children and community, the following information is required from all volunteers regarding convictions. Please read and answer the following questions carefully.

- Have you ever been convicted of a sex crime? Yes No
- Have you ever been convicted of a dangerous crime against children or are awaiting trial of a dangerous crime against children as defined in ARS 13.604.01**? Yes No

**Crimes defined as second degree murder, aggravated assault, sexual assault of a child, sexual conduct with a minor, sexual exploitation of a minor, child abuse, kidnapping and sexual abuse.

An Arizona Fingerprint or Fingerprint Clearance Card is required for **volunteers who do not have children currently enrolled in Creighton School District**. Please present your AZ Fingerprint or Fingerprint Card with this application to be copied and attached. Any cost associated with obtaining the Arizona Fingerprint or Fingerprint Clearance card is the responsibility of the volunteer.

References

| | | |
|------|-------|-------|
| Name | Phone | Email |
| Name | Phone | Email |
| Name | Phone | Email |

I certify that my information in this application is true, accurate and complete.

| | |
|-----------|------|
| Signature | Date |
|-----------|------|

Volunteer Agreement

I have received a copy the Creighton School District Handbook. I _____ understand by signing this document, that I have read and completely understand the contents of the Handbook. I accept and agree to the terms of a volunteer position for this school year with Creighton School District as described in the Creighton School District Volunteer Program Handbook. I have the responsibility to contact the Parent Liaison or Community Education at any time if there are any changes to my information from my original application. I understand that I have the right to terminate my volunteer position at any time and the Creighton School district has a similar right.

| | | |
|-----------------------|--------------------------|------|
| Volunteer's Signature | Volunteer's Printed Name | Date |
|-----------------------|--------------------------|------|

| | | |
|----------------------------|-------------------------------|------|
| Parent Liaison's Signature | Parent Liaison's Printed Name | Date |
|----------------------------|-------------------------------|------|

Thank you for your interest in volunteering in Creighton School District.

Steps to becoming a Volunteer with the Creighton School District

- 1. Complete and submit the volunteer application and agreement**
- 2. Must be fingerprinted** (volunteers who do not have children currently enrolled in Creighton School District)
- 3. Meet with Parent Liaison to explore opportunities, bringing completed application and any other requirements**
- 4. Attend a volunteer orientation**

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| <p style="text-align: center;">For official use only</p> <p>_____ AZ Fingerprint or Fingerprint Card copied and attached employee name and date</p> <p>_____ 3 References Verified</p> |
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Creighton Elementary School District Volunteer Agreement

Please complete and submit this agreement to the school-site Parent Liaison.

I hereby acknowledge that I have submitted a Creighton District volunteer application with required documentation and received a copy of the Creighton District Volunteer Handbook; and that I have read and will follow these guidelines and all other applicable Creighton School District policies and procedures.

I understand that as a volunteer, I am not compensated for any services, including wages and insurance. I also understand that I have the right to stop volunteering at any time, with or without cause and that Creighton School District has the same right to discontinue my volunteer service.

I understand that each child is entitled to his or her privacy and I agree to treat information regarding each child and teacher as confidential. I understand the importance of **confidentiality** and will keep all **confidential matters confidential**.

As a volunteer I agree to the following code of conduct:

1. I will sign in at the front office immediately upon arrival and also sign out when I leave the school.
2. I will wear a volunteer badge or sticker at all times.
3. I will use only adult bathroom facilities.
4. I will maintain confidentiality and will share any concerns directly with school authorities.
5. I agree never to be alone with individual students.
6. I will not solicit outside contact with students.
7. I agree not to exchange telephone numbers, home address, email addresses or other home directory information with students.
8. I agree not to transport students.
9. I will not take photographs on campus without permission of school authorities.
10. I will not disclose, use or disseminate student photographs or personal information about students, self or others.
11. I agree not to post, transmit, publish or display harmful or inappropriate matter that is threatening, obscene, disruptive or sexually explicit or that could be construed as any form of harassment.
12. I agree to only do what is in the best personal and educational interest of every child with whom I come into contact.

Print Name: _____ Signature: _____ Date: _____