

BUCKEYE ELEMENTARY SCHOOL DISTRICT #33

210 South Sixth Street Buckeye, AZ 85326
(623) 386-4487 Fax (623) 386-6063

An Equal Opportunity Organization

The District does not discriminate on the basis of age, race, color, religion, sex, marital status, handicap or national origin.

"We Make A Difference for Students"

APPLICATION FOR VOLUNTEER

Last Name	First Name	Middle Initial	Social Security Number (Optional)	
Address _____				
	Street	City	State	Zip
Home Phone	Message Phone		Date	
Permanent Address _____				
	Street	City	State	Zip
Home Phone	Message Phone		Date	

VOLUNTEER POSITION(S) OR LOCATION(S) REQUESTED:

Full Time Part time Temporary DATE(S) _____

This application must be completed and all questions answered. Attach supplemental sheet if necessary, identifying question(s) to which you are responding.

PERSONAL DATA (Please type or print)

- Other names used: _____ Date(s) of use: _____
- Previous mailing address: _____
Street City State Zip
- Provide type and expiration date of driver's license(s):
_____/_____/_____ / _____/_____/_____
- List languages, including English, in which you are proficient:
 - _____ Speak Read Write
 - _____ Speak Read Write
 - _____ Speak Read Write

WORK EXPERIENCE

Provide employment information below for at least the last five years with most recent experience first. The District may contact your current and past employers for reference. Attach supplemental sheet if necessary. Identify question(s) to which you are responding. (List complete addresses and phone numbers.):

<u>Dates Employed</u> <u>Month/Year</u>	<u>Employer's Name</u> <u>(Include address/Phone)</u>	<u>Supervisor's Name</u>	<u>Reason for Leaving</u>
From: To:			
From: To:			
From: To:			

Please explain any gaps in employment of over 30 days (for the past 10 years). Attach supplemental sheet if necessary. Identify question(s) to which you are responding.

PERSONAL REFERENCES

Give names and complete addresses of 3 references who are familiar with your personality and character (**do not use relatives as references**):

<u>NAME</u>	<u>*DATES KNOWN</u>	<u>OCCUPATION</u>	<u>ADDRESS</u>	<u>PHONE</u>
	From To			
	From To			
	From To			

*Provide month and year.

“Yes” answers to the following 3 questions will not necessarily result in denial of application. The District will consider all the circumstances, including the date and nature of events, which have led to the actions described below. Your written explanation will assist the District in determining your eligibility and suitability.

Have you ever been dismissed (fired) from any job, or resigned at the request of your employer, or while charges against you or an investigation of your behavior was pending? You must answer “Yes” even if the matter was later resolved with any form of settlement or severance agreement, regardless of its terms. If you answer “YES” you must provide the date of termination of employment, the name, address and telephone number of the employer(s) and a statement of the alleged reasons for termination. **Yes** **No** If yes, explain:

Have you ever had any license or certificate of any kind (state certificate or otherwise) revoked or suspended, or have you in any way been sanctioned by, or is any charge or complaint against you before any licensing, certification or other regulatory agency or body, public or private? If you answer “Yes” you must provide the dates of proceedings, name, address, and telephone number of the agency or body where proceedings took place, a statement of the accusations against you and the final disposition. **Yes** **No** If yes, explain:

Are you now being investigated for any alleged misconduct or other alleged grounds for discipline by any licensing, certification or other regulatory body (state certification or otherwise) or by your current or any previous employer? If you answer “Yes”, you must provide the name, address, and telephone number of the employer or licensing body and a statement of the accusations against you. **Yes** **No** If yes, explain:

CONVICTION DISCLOSURE

Because of the responsibility the Buckeye Elementary School District has to its school children and community, the following information is needed from all applicants regarding convictions.* A record of conviction does not necessarily disqualify applicant from consideration; however, failure to complete this form accurately and completely may mean disqualification from consideration for approval and may result in prosecution for filing false information with a public agency. Applicants must report any convictions that occur subsequent to the time they initially completed this form. Questions regarding this information should be directed to the Superintendent’s Office. In conjunction with this, you will be required to submit fingerprints for a background check. *Please read carefully and answer every question. Please print clearly.*

Name _____
Last First Middle Initial

Other names used/known by _____ Dates of usage _____

1. Have you ever been convicted of, admitted to committing, plea-bargained, or are you awaiting trial for any crime (excluding only minor traffic violations not involving any allegation of drug or alcohol impairment)? A DUI conviction is not considered a minor traffic offense. ***You must answer yes if the matter was later dismissed, vacated, or expunged.*** Yes No
2. Have you ever been convicted of a felony?*** Yes No
3. Are you now awaiting trial on a felony charge? Yes No
4. Have you ever been convicted of a sex or drug related offense? Yes No

5. Have you ever admitted or been convicted of a dangerous crime against children as defined in A.R.S. §13.604.01?*** Yes No

IF YOU ANSWERED YES TO ANY QUESTIONS 1 THROUGH 5, COMPLETE SUPPLEMENTAL CONVICTION INFORMATION (page 5).

6. Is there any other information not required by this application that you should disclose to the District so it may accurately evaluate your fitness in a position of public trust with minor students? Yes No

(If you are uncertain as to the relevance or necessity to disclose a matter, trait, etc., disclose and the District will determine whether the information is pertinent. If your answer is Yes, fully explain. Use separate sheet of paper, if necessary).

*CONVICTION means the final judgment on a verdict or a finding of guilty, a 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 that has been expunged by pardon, reversed, set aside, or otherwise rendered invalid.

**Please note that prior to approval, you must submit a notarized statement attesting to the fact that you are not now awaiting trial on or have ever been convicted of or admitted in open court or pursuant to a plea agreement committing any of the crimes listed in A.R.S. §15-534(F) and A.R.S. §13.604.01. In conjunction with this you will submit fingerprints for a background check. The crimes required to be disclosed on the affidavit are:

A.R.S. §15.534(F)

1. Sexual abuse of a minor.
2. Incest.
3. First or second-degree murder.
4. Kidnapping.
5. Arson.
6. Sexual assault.
7. Sexual exploitation of a minor.
8. Felony offenses involving contributing to the delinquency of a minor.
9. Commercial sexual exploitation of a minor.
10. Felony offenses involving sale, distribution, or transportation of, offer to sell, transport or distribute or conspiracy to sell, transport or distribute marijuana or dangerous or narcotic drugs.
11. Felony offenses involving the possession or use of marijuana, dangerous drugs or narcotic drugs.
12. Misdemeanor offenses involving the possession or use of marijuana or dangerous drugs.
13. Burglary in the first degree.
14. Burglary in the second or third degree.
15. Aggravated or armed robbery.
16. Robbery.
17. A dangerous crime against children as defined in section 13.604.01.***
18. Child abuse.
19. Sexual conduct with a minor.
20. Molestation of a child.
21. Voluntary manslaughter.
22. Aggravated assault.
23. Assault.
24. Exploitation of minors involving drug offenses.

***A.R.S. §13.604.01 prohibits any of the following committed against a minor under the age of 15:

1. Second degree murder.
2. Aggravated assault resulting in serious physical injury or involving the discharge, use or threatening exhibition of a deadly weapon or dangerous instrument.
3. Sexual assault.
4. Molestation of a child.
5. Sexual conduct with a minor.
6. Commercial sexual exploitation of a minor.
7. Child abuse as defined in §13.3623, subsection B, paragraph 1.
8. Kidnapping.

9. Sexual abuse.
10. Taking a child for the purpose of prostitution as defined in §13.3206.
11. Child prostitution as defined in §13.3212.
12. Involving or using minors in drug offenses.
13. Continuous sexual abuse of a child.

CONVICTION INFORMATION

1. CONVICTION CHARGE		DATE OF CONVICTION	COURT OF CONVICTION
CITY	STATE	AMOUNT OF FINE	LENGTH OF JAIL TERM
REMARKS:		LENGTH AND TERMS OF PROBATION:	
2. CONVICTION CHARGE		DATE OF CONVICTION	COURT OF CONVICTION
CITY	STATE	AMOUNT OF FINE	LENGTH OF JAIL TERM
REMARKS:		LENGTH AND TERMS OF PROBATION:	

ACKNOWLEDGMENT OF APPLICANT

(READ CAREFULLY BEFORE SIGNING THIS APPLICATION)

Every answer I have provided in this application consisting of 5 pages is both complete and truthful. I understand and agree that (1) if any information is omitted from or not filled in on this application, or if any false or misleading information is furnished, the District will reject my application, (2) if any false or misleading information is furnished, I will be ineligible for any future considerations and may be subject to criminal prosecution, and (3) if I am accepted by the District, I may be criminally prosecuted if it is later determined that I have omitted relevant or furnished false or misleading information on this application.

Under penalty of prosecution and dismissal, I hereby certify that the information presented on this application is true, accurate and complete.

I authorize the investigation of all statements contained herein and understand that any document relevant to this information may be reviewed by the agents of Buckeye Elementary School District.

I authorize the Buckeye Elementary School District to make reference checks regarding my fitness for school volunteer and I will execute such documents to facilitate this investigation. I understand that my acceptance is not finalized until the background investigation has been completed. I understand that misrepresentation or omission of pertinent facts may be cause for denial.

Signature

Date