



WELLS-OGUNQUIT COMMUNITY SCHOOL DISTRICT

1460 Post Road, Wells, Maine 04090

TEL (207) 646-8331 * FAX (207) 646-4236 * TDD (207) 646-7892 *

www.k12wocsd.net

Volunteer Application

(Please return completed/signed application to Main Office)

Date: _____

Name: _____

Address: _____ **Phone(s):** _____ (home)
 _____ (cell)
 _____ (work)

Date of Birth: _____ **Driver's Lic #:** _____ (state)

Email Address: _____

POSITION applying for: _____

Sport: _____

School: _____

BACKGROUND:

- Have you ever been charged with or investigated for sexual abuse or harassment of another person? Yes ___ No ___
- Have you ever been convicted of a crime? (*Other than a minor traffic violation*). Yes ___ No ___
- Have you ever entered a plea of guilty or no contest to any crime? (*Other than a minor traffic offense*). Yes ___ No ___
- Has any court ever deferred, filed or dismissed proceedings without a finding of guilty and required that you pay a fine, penalty or court costs and/or imposed a requirement as to your behavior or conduct for a period of time in connection with any crime? (*Other than a minor traffic offense*). Yes ___ No ___

IF YOU HAVE ANSWERED "YES" to any of the above questions, please provide full details below including, with respect to court actions, the date, offense in question, and the address of the court involved. Attach additional sheets if necessary. PLEASE NOTE: *Conviction or other disposition of a crime is not necessarily an automatic bar to volunteer.*

EXPERIENCE: Please write a brief summary of how you can benefit the program you will be assisting with:

REFERENCES: Please provide three (3) references who are not related to you, two of whom are your last supervisors, who are familiar with your work as a coach, advisor, etc., or who know of your experience working with youth.

Name/Position	Address	Phone No.
_____	_____	_____
_____	_____	_____
_____	_____	_____

CONFIDENTIALITY AND ETHICS STATEMENT

As a volunteer for WOCSD, I understand that I have an obligation to maintain the highest level of ethical conduct. I agree to preserve the confidentiality of any or all information regarding WOCSD students, staff, and any other related party, and will refrain from engaging in activities that would prejudice my ability (or the ability of others) to carry out my volunteer duties ethically, including violation of criminal or civil laws.

I further understand that if I am charged with sexual abuse or harassment, or if I am convicted of, or plead “no contest” to a crime other than a minor traffic offense at any time during my tenure as a volunteer for WOCSD, I must report that information in writing to the Superintendent of Schools within ten (10) days of the above-named proceedings.

AUTHORIZATION: My signature below constitutes authorization to check my employment history, including without limitation, criminal arrest and conviction record checks, reference checks, and release of investigatory information possessed by any state, local or federal agency. I further authorize those persons, agencies or entities that Wells-Ogunquit CSD contacts in connection with my volunteer application to fully provide the Wells-Ogunquit CSD any information on the matters set forth in the “BACKGROUND” section of this application. I expressly waive in connection with any request for or provision of such information, any claims, including without limitation, defamation, emotional stress, invasion of privacy, or interference with contractual relations that I might otherwise have against the Wells-Ogunquit CSD, its agents and officials, or against any provider of such information.

Furthermore, by signing below, I attest that all information I have provided in this application is true and accurate to the best of my knowledge.

Applicant's Signature

Date