Lakeland Jt. School District #272 Volunteer Assistance Application

<u>LJSD</u> The District has many opportunities for you to get involved in helping educate our children. Your help is <u>much</u> needed and greatly appreciated. All prospective volunteers are required to complete this application. False information will result in immediate dismissal. Volunteers serve at the discretion of the building and <u>district administration</u> the Superintendent.

Name:				
Phone Number:				
Email:		-		
I am a:Pare	nt/Guardian	Relative	Community	/ Member
Information about o	child/children attending _		(Cl	nild/Childrens School)
Student:	Grade:	Student: _		Grade:
Student:	Grade:	Student: _		Grade:
	as in which you would like			
	~ Assist teacher with maki	ng copies and oth	ier projects, ł	nelping one-on-one with
students, assisting				
-	c Events ~ Assist in plann		• .	·
•	Dr. Seuss week, field day, I	oook fairs, Teache	er Appreciatio	on week, Fall carnival,
Veterans Day activi				
(one-day event).	sion and Hearing Screeni	ng ~ Assisting stu	aents to ana	from the screening
My Availability and	Skills:	y Tugaday Wadaa	oday Thursday	Enidor
Days of the weekday	vs I can volunteer: Monda		sday Thursday	
	er:			
Frequency of my av	ailability to volunteer: Re	gularly Occa	sionally	Special Events
Areas of talent or ir	nterest:			
In which Classroom	(s) would you like to volun	teer?		

Prior to volunteering, al	l applicants must, <i>at t</i>	:heir own expense , cons	ent to a background check and					
			complete this process. Any					
volunteer who is required	l to have a background	l check will be referred to	o the District office (Human					
Resources Department) by	Resources Department) by the school building. All background checks are completed at the expense of the applicant. You must identify all prior criminal convictions and any pending charges below. Falsified							
applicant. You must ider								
information and a failu	re to disclose prior cr	riminal background info	ormation will result in your					
application being denie	ed.							
Statement of Understa	ınding & Signature (R	equired)						
I have read the District	's policy 4600 and 460	0P regarding volunteer o	assistance.					
I understand policy 460	0 and 4600P and agre	e to abide by them.						
I affirm that all of my re	sponses are true, com	plete, and correct to the	best of my knowledge and are					
made in good faith.								
I certify that I have rev	iewed the above crimi	nal history information a	nd responded truthfully.					
I understand my involve	ement with students is	on a volunteer basis as	directed by the District.					
I agree to indemnify the	Lakeland Joint Schoo	l District #272 from any	and all responsibility of liability					
that may be incurred as	a result of my volunte	ering for the District.						
Date:	Signature of Applicant:							
Thank you for taking th	ne time to complete th	nis application. We are	grateful for your willingness					
to assist the staff and	participate in the edu	ıcation of our students!						
Principal Signature:								
Office Use Only								
Principal Review	Date	Raptor Scan	Date					
Background Check	Date	Annroved: Date	Denied: Date:					

Lakeland Joint School District #272

15506 N Washington St., Rathdrum, Idaho 83858 208/687-0431 ~ web.sd272.org One District. One Mission. Every Student. Every Day.



Volunteer Assistance Application

The District has many opportunities for you to get involved in helping educate our children. Your help is needed and greatly appreciated. All prospective volunteers are required to complete this application. False information will result in immediate dismissal. Volunteers serve at the discretion of the building and the Superintendent.

Name:			
Address:			
Phone Number:			
Email:			
I am a:	ent/Guardian	Relative	munity Member
Information about c	hild/children attending	school:	
Student	Grade	Student	Grade
Student	Grade	Student	Grade
Please check all a	reas in which you w	ould like to voluntee	er
	ssist teacher with mak assisting with class ev	• .	projects, helping on-on-
events (i.e. class pa	Events- Assisting in planties, field trips, Dr. S fall carnival, Veterans	euss week, field day,	•
☐ Lions Club Vision screening (one-day	n and Hearing Screen event)	ing- Assisting studen	ts to and from the
My Availability and	d Skills		
Week days I can vo	lunteer: \square Monday \square	Tuesday ☐ Wednes	day □ Thursday □ Friday
Times I can volunte	er:		
Frequency of volunt	eering \square Regularly \square	Occasionally Spec	cial Events
Areas of talent or in	terest:		

Which classroom(s) would	d you like to vol	unteer?	
Any volunteer who is requoffice (Human Resources are completed at the exconvictions and any pendisclose prior criminal being denied.	s Department) by pense of the appling charges bel	y the school building. <i>All</i> oplicant. You must ident ow. <i>Falsified informatio</i>	background checks ify all prior criminal on and a failure to
Statement of Understar	nding & Signatu	ıre (Required)	
I have read the District's I understand policy 4600 responses are true, compgood faith. I certify that I responded truthfully. I un as directed by the District from any and all responsivolunteering for the District	and 4600P and blete, and correct have reviewed to derstand my invented to indestility of liability to	agree to abide by them. It to the best of my knowledge above criminal history colvement with students is a manify the Lakeland Joint	I affirm that all of my ledge and are made in y information and s on a volunteer basis School District #272
Date S	Signature of App	licant	
Thank you for taking the willingness to assist the s	•	• •	•
Principals Signature			
Office use only			
		Raptor Scan	
Background Check	Date	Approved	Date