



**Human Resources**

1515 Stelton Road  
P.O. Box 1322  
Piscataway, NJ 08855-1332  
732 572-2289, ext. 2540  
Fax 732 339-9104  
[www.piscatawayschool.org](http://www.piscatawayschool.org)

**APPLICATION FOR SCHOOL VOLUNTEER WORKER**

Recruitment of use of volunteer workers in our schools is an effective means of expanding school/community relations and provides our students with additional help and opportunities to benefit from special skills and talents of volunteer workers. Since volunteers are generally in contact with students, the school district wishes to place volunteers effectively and to assure that the safety and well being of our students will be maintained. You are requested to complete the following form to the best of your ability.

Mr/Mrs/Ms \_\_\_\_\_

Phone Number \_\_\_\_\_

Address \_\_\_\_\_

Occupation \_\_\_\_\_ Current Employer \_\_\_\_\_

Address \_\_\_\_\_

Previous Work Experience \_\_\_\_\_

Educational Experience \_\_\_\_\_

Current Volunteer Experience \_\_\_\_\_

Previous Volunteer Experience \_\_\_\_\_

Special Training/Interests/Skills/Certification:

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How much time do you wish to volunteer?

Availability \_\_\_\_\_ Days \_\_\_\_\_ Evenings \_\_\_\_\_ Weekends \_\_\_\_\_

Have you ever been convicted of a crime? yes \_\_\_\_\_ no \_\_\_\_\_

*Please give two (2) references who are acquainted with your ability to work with children. They should not be members of your family. Preferably one should be a person familiar with you as a volunteer and one familiar with you as a worker.*

<i>Name</i>			<i>Name</i>	
<i>Address</i>			<i>Address</i>	
<i>Phone: Day</i>			<i>Phone: Day</i>	
<i>Evening:</i>			<i>Evening:</i>	
<i>Relationship to Applicant</i>			<i>Relationship to Applicant</i>	

\*\*\*\*\*Volunteer Complete To This Point Only\*\*\*\*\*

Principal's/Supervisor's comments and responses to reference checks:

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