

WHEN COMPLETED RETURN TO:
Genesee Jt. School District #282
P.O. Box 98 - Genesee, ID 83832
Telephone: (208) 285-1161 - FAX: (208) 285-1495

**GENESEE JOINT SCHOOL DISTRICT #282
VOLUNTEER APPLICATION**

APPLICATIONS FROM ALL QUALIFIED INDIVIDUALS WILL BE CONSIDERED ONLY IF ALL QUESTIONS ARE ANSWERED AND ALL SECTIONS COMPLETED.

*CRIMINAL BACKGROUND AND SEX OFFENDER REGISTRY CHECKS
MAY BE REQUIRED*

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(First Name)

(Middle Initial)

(Last Name)

Social Security Number - - Telephone Number:

Present Address:
(Number, Street, AND P.O. Box, City, State, Zip)

Emergency Notification:

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Have you ever been convicted of a crime other than a minor traffic violation?

Does anyone living at the same residence as you register for the Sex Offender Registry?

Have you ever been convicted, been given a suspended sentence or been given a withheld judgment in regard to a crime involving moral turpitude: .

If yes to either question, please explain:

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(A yes answer will not necessarily bar you from service)

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List some training or job experience that you think qualifies you for the position:

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Briefly state your major strength for the position:

Provide any additional information you would like:

APPLICANT'S CERTIFICATE AND RELEASE

Read Carefully Before Signing

THIS APPLICATION IS NOT A CONTRACT OF PERMANENT EMPLOYMENT AND CANNOT CREATE ANY SUCH CONTRACT. I UNDERSTAND THAT IF I VOLUNTEER FOR THE SCHOOL DISTRICT, I WILL ABIDE BY ITS POLICIES, RULES, AND REGULATIONS.

All information provided by me in support of my volunteer application is true and correct to the best of my knowledge. I understand that misrepresentations or omissions may be cause for subsequent dismissal. I hereby authorize any former employer, person, firm, corporation, or government agency to answer any and all questions and to release or provide any information within their knowledge or records and I agree to hold any or all of them blameless and free of liability for releasing any truthful information that is within their knowledge or records.

_____	_____	_____	_____
Date	Signature of Applicant	Date	Signature of Witness