

Vanguard

CLASSICAL SCHOOL
VOLUNTEER APPLICATION

PLEASE READ BEFORE COMPLETING THE FOLLOWING SECTIONS

The following legal questions and background information allow us as a school to determine eligibility for a volunteer service position. It is important that you answer the following questions honestly. Background checks are performed on all applicants volunteering with Vanguard Classical School where the potential for ongoing contact with children exists. This background check will reveal any and all instances in which you may have been arrested, summoned, charged or convicted for minor (such as underage drinking, shoplifting, simple assault, motor vehicle violations, etc.) and major offenses, both locally and nationally. If these types of things have occurred in your past, and you deny knowledge of such occurrences by answering "NO" to the applicable question(s), you will automatically be disqualified from volunteering for Vanguard Classical School for at least one year. If you have had instances in the past which would require a good faith answer of "Yes" to any of the following questions, this will not bar you from volunteer consideration since each case is judged individually and many offenses, particularly minor ones, may not prevent you from becoming a volunteer for Vanguard Classical School.

~~~~~PRINT IN BLUE OR BLACK INK~~~~~

Last Name \_\_\_\_\_

First Name \_\_\_\_\_

M. I. \_\_\_\_\_

Nickname \_\_\_\_\_

Address \_\_\_\_\_

City/St/Zip \_\_\_\_\_

Home # \_\_\_\_\_

Work # \_\_\_\_\_

Cell # \_\_\_\_\_

E-mail \_\_\_\_\_

How long in Colorado?  
\_\_\_\_\_

What state before? \_\_\_\_\_ # of years? \_\_\_\_\_

Employer \_\_\_\_\_

Job Title \_\_\_\_\_

Emergency Contact  
\_\_\_\_\_

Emergency Contact  
Phone \_\_\_\_\_

School District you live in  
\_\_\_\_\_

Do you have a child(ren) at VCS?  
 Yes  No

If yes, please provide their name and grade:  
\_\_\_\_\_  
\_\_\_\_\_

Please provide TWO professional/personal  
references below (NO RELATIVES):

Name \_\_\_\_\_

Phone \_\_\_\_\_

Relationship \_\_\_\_\_

Name \_\_\_\_\_

Phone \_\_\_\_\_

Relationship \_\_\_\_\_

1. Have you ever been charged with any offense involving the emotional, physical or sexual abuse of a child?  Yes  No

(If you checked yes to this question, please explain on a separate sheet.)

2. Have you ever been convicted of a criminal offense other than minor traffic offenses?  Yes  No

**PLEASE CIRCLE AREAS OF INTEREST (circle all that apply)**

- |                                                                             |                                                                                                                 |                                                                                                                                         |                                                                                                                                                   |                                                                                 |                                                                                                                                                                                           |
|-----------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>ROOM PARENT-</b> act as a liaison between teachers and classroom parents | <b>CLASSROOM-</b> help in the classroom with projects and academic activities. At-home projects also available. | <b>FRIDAY OFFICE HELP-</b> assist the staff w/ clerical duties. Stuff Friday folders with important info to be sent home with children. | <b>LUNCHROOM &amp; RECESS-</b> help maintain decorum, clean up tables and assist students as needed. Assist in monitoring children during recess. | <b>CONFERENCE SNACKS-</b> contribute snacks for teachers during conference days | <b>SCHOOL COMMITTEES-</b> become involved in a committee to address issues such as accountability and school fundraising                                                                  |
| <b>FIELD TRIPS-</b> Supervise students during field trips                   | <b>STAFF MEALS-</b> contribute food for a teacher meal in December or Teacher Appreciation Week in the spring   | <b>SPORTS &amp; CLUBS-</b> assist with coaching or sponsoring intramural sports or clubs                                                | <b>ART &amp; MUSIC HELP-</b> assist in the art or music classrooms with activities and/or musical accompaniment                                   | <b>READING-</b> help students develop their reading skills                      | <b>FSCP-</b> coordinate with school administration and staff to create positive family/school relationships. Assist in school-wide social and fundraising activities throughout the year. |

| TIMES AVAILABLE | MONDAY | TUESDAY | WEDNESDAY | THURSDAY | FRIDAY |
|-----------------|--------|---------|-----------|----------|--------|
|                 |        |         |           |          |        |

**PLEASE READ CAREFULLY BEFORE SIGNING**

In connection with this request, I authorize all corporations, former/present employers, credit agencies, educational institutions, law enforcement agencies, city, state, county and federal courts, Aurora city government, military services and persons to release information they may have about me to the person or company with which this form has been filed, or their agent, Background Information Services, Inc. This releases the aforesaid parties from any liability and responsibility for collecting the above information. I understand that these files may contain negative information about my background, mode of living, character, and personal reputation. This authorization, in original or copy form, shall be valid for this and any future reports or updates that may be requested.

Signature \_\_\_\_\_

Date \_\_\_\_\_

**FRONT OFFICE ONLY**

- |                                                           |                                                                  |
|-----------------------------------------------------------|------------------------------------------------------------------|
| <input type="checkbox"/> Confidentiality Agreement signed | <input type="checkbox"/> Safety Procedures Orientation completed |
| <input type="checkbox"/> Fingerprinted                    | <input type="checkbox"/> Code of Conduct signed                  |
| <input type="checkbox"/> Passed background check          | <input type="checkbox"/> Handbook Acknowledgement signed         |
| <input type="checkbox"/> Reference(s) checked             |                                                                  |

Processed by (print): \_\_\_\_\_

Date Approved: \_\_\_\_\_

Approved by (signed): \_\_\_\_\_