



APPLICATION FOR VOLUNTEER/INTERN/STUDENT TEACHER

Name: _____ Phone: _____

Address: _____

Frewsburg staff member supervising individual: _____

Nature of participation: Volunteer Intern Student Teacher

EMERGENCY INFORMATION		In case of emergency, please contact:	
Name		Phone	

REFERENCES (List 3 – not related to you, whom you have known at least one year)	
Name	Phone

VOLUNTEER/INTERN/STUDENT TEACHER UNDER AGE OF 19	
If the volunteer/intern/student teacher is under nineteen (19) years of age, a parent/guardian must complete this section	
I have reviewed the release on page 2 of this application and, as a parent and natural guardian of _____,	
I consent to the same and do further release the Frewsburg Central School District and/or the Board of Education of the Frewsburg Central School District from any and all liability associated with my child's volunteer/intern/student teacher services/work to be performed on the grounds of Frewsburg Central School District property.	
Parent/Guardian of Volunteer/Intern/Student Teacher Signature	Date

Please PRINT CLEARLY:

Parent/Guardian: _____

Address: _____

Phone: _____

(Over →)

RELEASE OF LIABILITY – PLEASE SIGN AND DATE

The undersigned has offered to perform volunteer/intern/student teacher work and services on school property belonging to the Frewsburg Central School District.
The District is willing to accept such services provided the undersigned release the said District from any responsibility for injury or property damage.
Accordingly, the undersigned does hereby release the Frewsburg Central School District and the Board of Education of the Frewsburg Central School District from any and all liability of injury, harm, and/or death to the undersigned and/or third parties that may result from performing services on District property.

Name: _____	Date: _____
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DATES OF SERVICE FOR STUDENT TEACHER/INTERNS ONLY

From:	To:

CRIMINAL HISTORY – PLEASE ANSWER

I hereby further represent to the Frewsburg Central School District that:

1. The criminal history check will reveal that I have no criminal history.
2. The criminal history check will indicate that I have been convicted of a crime.
3. The criminal history check will indicate that I have a pending criminal charge.

If my answer to 2 and/or 3 is in the affirmative, I hereby provide the following details explaining my answer. (Include, at a minimum, the date(s) of your conviction and/or charges, the crime(s) you were convicted of or charged with, the jurisdiction by which you were charged and/or convicted, and whether you have been issued a certificate of relief from disabilities or a certificate of good conduct with regards to any of the convictions.)

Finally, I certify that my statements in this affidavit and in any explanatory enclosures are, to the best of my knowledge and belief, true and correct, and that any omission and/or misstatement of any material fact(s) may be cause for the District to refuse to accept revoke, or terminate me as a volunteer/intern/student teacher.
My signature below permits the District to contact any or all references listed, and affirms my criminal history statement above.

Name: _____ Date: _____

***Please return this form to the office of the Frewsburg school building where you wish to volunteer/intern/student teach.**

DO NOT WRITE BELOW THIS LINE – OFFICE USE ONLY

Reviewed by: _____ Date: _____

Remarks: _____

Approved

Not Approved