NORTHPORT SCHOOL DEPARTMENT

56 Bayside Road Northport, Maine 04849 207-338-3430

SCHOOL VOLUNTEER APPLICATION

Edna Drinkwater School welcomes you as a volunteer. In order to ensure that your participation is effective, we need some information from you.

Please complete the information below and return it to the school office.

Name	Telephone
Mailing Address:	
Town/City of Residence	
Can you please tell us why you wish to v	volunteer in our school?

Please sign below acknowledging that you have read, understand, and agree to comply with the following guidelines regarding volunteers in our schools.

- 1. Volunteers must check in at the office or with the volunteer facilitator for each visit.
- 2. Students may not be taken out of the school building without permission from the principal or facilitator.
- 3. Students may not be taken off school property without written parental permission and permission from the school principal or facilitator
- 4. Individuals who are under the influence of alcohol and/or drugs may not be on school property.
- 5. State law does not allow individuals, other than law enforcement personnel, to have firearms on school property.
- 6. Edna Drinkwater School and grounds are tobacco free.

- 7. Any report of physical or sexual abuse problems made to a volunteer must be reported immediately to the Principal or Guidance Counselor.
- 8. All information relating to students is confidential and must remain within the school.
- 9. Background checks may be performed per the attached authorization. Volunteers who refuse permission to conduct these checks will not be accepted.

I, the undersigned have read, understand and agree to abide by the above conditions of my volunteering in The Drinkwater School.					
Signature	Date				
Printed Name					

REFERENCES Please list three people whom we may contact, including your most recent supervisor, who can comment on your suitability as a volunteer.

Name	Address	Position	Phone

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56 Bayside Road Northport, Maine 04849 207-338-3430 Fax: 207-338-5985

CONFIDENTIAL

Authorization for Volunteer Background Checks

State Bureau of Identification

I, give permission to obtain a report of any criminal convictions on my record from the State Bureau of Identification.						
I understand that failure to authorize this r from consideration for volunteering with t						
Signature	Date					
Print Full Legal Name	Date of Birth					
Street Address	City, State, Zip Code					
Social Security Number						
All other names known by (maiden name, p	previous married name etc.)					
Please list all states where you have resided in the last ten (10) years.						

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