



# Maine School Administrative District #40

Friendship • Union • Waldoboro • Warren • Washington

Educational Service Center  
44 School Street-Warren, Maine 04864  
Phone (207) 273-4070 Fax (207) 273-4143

### FOR OFFICE USE ONLY

Last Name	_____
Date Received	____/____/____
SBI Sent Out	____/____/____
SBI Returned	____/____/____
Fingerprints Done	____/____/____
Approved Date	____/____/____

## VOLUNTEER APPLICATION

MSAD #40 DOES NOT DISCRIMINATE IN THE OPERATION OF ITS EDUCATIONAL AND EMPLOYMENT POLICIES AND WILL HONOR ALL APPROPRIATE LAWS RELATIVE TO DISCRIMINATION

MSAD #40 and the Maine Department of Education REQUIRE that ALL employees have their fingerprints taken and background checked. As a volunteer, your background will be checked. If you wish to be fingerprinted, you are able to make an appointment through the Department of Education website at <http://www.informe.org/cgi-bin/doe/fingerprint.pl>. If you do not have access to the Internet please contact your school office where they can help you make an appointment. Fingerprinting is not currently required for volunteers.

**You can make a difference: Be a school volunteer!**

Please **Print** or Type ALL Information

Name \_\_\_\_\_

Home Address \_\_\_\_\_ Town \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Mailing Address \_\_\_\_\_ Town \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone Number \_\_\_\_\_ - \_\_\_\_\_ Social Security Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

I would be comfortable working with children at the following levels: (check those that apply)  
 Kindergarten     Grades 1-3     Grades 4-6     Grades 7-8     Grades 9-12

I would like to volunteer at the following schools: (check those that apply)

<input type="checkbox"/> Friendship Village School-- Friendship -Grades K-6	<input type="checkbox"/> AD Gray Middle School--Waldoboro -Grades 7 & 8
<input type="checkbox"/> Miller School-- Waldoboro -Grades K-6	<input type="checkbox"/> DR Gaul Middle School-- Union -Grades 7 & 8
<input type="checkbox"/> Prescott Memorial School-- Washington -Grades K-6	<input type="checkbox"/> Medomak Valley High School-- Waldoboro -Grades 9-12
<input type="checkbox"/> Union Elementary School-- Union-Grades K-6	<input type="checkbox"/> Alternative Education School-- Warren -Grades 7-12
<input type="checkbox"/> Warren Community School --Warren-Grades K-6	<input type="checkbox"/> Central Office, School Street, Warren

### In school volunteer activities: (check areas of interests)

- |   |  |
|---|--|
| <input type="checkbox"/> Work with students(math, writing, reading, listening to students read, etc.) | <input type="checkbox"/> Help with book fairs (Fall & Spring)                                |
| <input type="checkbox"/> Help with special projects   | <input type="checkbox"/> Help with Field Day (Last week of school)                           |
| <input type="checkbox"/> Work with computers  | <input type="checkbox"/> Story Boost volunteer (read with Kindergarten Class 3 times a week) |
| <input type="checkbox"/> Field trips with class   | <input type="checkbox"/> School volunteer coordinator  |
| <input type="checkbox"/> Copy, type, laminate & small office projects                                 | <input type="checkbox"/> Other suggestions   |
| <input type="checkbox"/> Help with health screening (November)  | _____  |
| <input type="checkbox"/> Help with kindergarten screening (Spring)                                    |  |

### On what days of the week are you available?

<input type="checkbox"/> Monday	Time(s) available	_____
<input type="checkbox"/> Tuesday	Time(s) available	_____
<input type="checkbox"/> Wednesday	Time(s) available	_____
<input type="checkbox"/> Thursday	Time(s) available	_____
<input type="checkbox"/> Friday	Time(s) available	_____

### What do at-home activities would you be interested in?

- |   |  |
|---|--|
| <input type="checkbox"/> Making posters or displays         | <input type="checkbox"/> Making/Baking Refreshments for events |
| <input type="checkbox"/> Making learning materials or games | <input type="checkbox"/> Organize Special Events               |
| <input type="checkbox"/> Baby-sit for other volunteers      | <input type="checkbox"/> Fundraising                           |
| <input type="checkbox"/> Making telephone calls             | <input type="checkbox"/> Other activities:                     |
| <input type="checkbox"/> Sewing                             | _____  |

Please turn form over to complete

Areas of interest that you could share with students: \_\_\_\_\_

**BACKGROUND:**

<i>Have you ever:</i>	<i>Check one box for each question asked</i>	
	<i>YES</i>	<i>NO</i>
1. Been disciplined, discharged, or asked to resign from a prior position?		
2. Resigned from a prior position after a complaint against you was received or your conduct was under investigation/review?		
3. Been in a prior position where your contract was non-renewed?		
4. Not been nominated for re-employment in a prior position or had your nomination for re-employment not be approved?		
5. Been charged with or investigated for sexual abuse or harassment?		
6. Been convicted of a crime (other than a minor traffic offense)?		
7. Entered a plea of not guilty or "no contest" (nolo contendere) to any crime?		
8. Had a professional license/certificate suspended/revoked in any state, or voluntarily surrendered, temporarily/permanently, a professional license/certificate in any state?		
9. Had any court defer/file/dismiss proceedings without a finding of guilty and require you to pay a fine/penalty/court cost and/or impose a requirement as to your behavior/conduct for a period of time in connection with any crime?		

If you answered YES to ANY of these questions, provide full details below or on a separate sheet of paper, including, with respect to court actions, the date, offense in question, and the court involved. Conviction or other disposition of a crime is not necessarily an automatic bar of employment.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**SIGNATURE DISCLOSURE:**

My signature below constitutes authorization to check my employment history, including without limitation, criminal arrest and conviction record checks, reference checks, and release of investigatory information possessed by any state, local or federal agency. I further authorize those persons, agencies or entities that MSAD #40 contacts in connection with my employment application to fully provide MSAD #40 with any information, on the matters set forth above. I expressly waive in connection with any request for or provision of such information, any claims, including without limitation, defamation, emotional distress, invasion of privacy, or interference with contractual relations that might otherwise have against MSAD #40, its agents and officials or against any provider of such information. I understand that information submitted in and with this application may be disclosed to a screening and/or interviewing committee, which may include board members, administrators, other staff and members of the community. I give my consent to this disclosure. Any employment offer by MSAD #40 is contingent upon satisfactory criminal background report of the employee. Your date of birth is required to process this background check.

Date of birth \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ Signature \_\_\_\_\_ Date signed \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Note: All application materials become the property of MSAD #40. None will be returned. **(Providing false or misleading information on this application or in the application or employment screening process shall be fully grounds to refuse to employ the applicant, or if the applicant has been employed, to immediately dismiss the applicant.)**

**Thank you very much for offering your time as a volunteer!!!!**