

Salem School District

Volunteer Application

200 Hartford Road
Salem, Connecticut 06420-3804

Name (Last) _____ (First) _____

Home Address: _____

Business Address: _____

Telephone (Home): _____ (Business): _____

Daytime number where we can contact you or leave a message: _____

E-mail address: _____

Position for which you are applying: **Volunteer**

Have you ever been convicted of a felony? _____ Yes _____ No
(Do not include minor traffic violations)

If yes, please explain: _____

Are felony criminal charges pending at this time? _____ Yes _____ No
(Do not include minor traffic violations)

If yes, please explain: _____

My signature acknowledges that the information presented herein is truthful to the best of my knowledge. I also acknowledge that the information herein will be shared with the Salem School staff and PTO.

It is the policy of Salem Board of Education not to discriminate on the basis of race, color, religious creed, age, physical disability, sex, national origin, ancestry, marital status, sexual orientation, or mental disorder in any of its educational activities or employment policies.

Signature _____ Date _____

Volunteer Application
(Reference: Policy/Procedures #1212)

AREAS OF CONCENTRATION: (OPTIONAL)

To help us make the best match possible between volunteer skills and experience and the needs of the school program please provide the following:

Areas of Interest: _____

Job Experience: _____

Hobbies: _____

I am interested in the following volunteer opportunities:

_____ Room Assistant/Classroom Helper _____ PTO Events/Fundraisers

_____ Clerical/Office Help _____ Office Assistant

_____ Field Trip Chaperone _____ After School Programs

_____ Library Media Center Assistant _____ Other

Please send completed application to:

Office of the Superintendent
Attn: Jennifer Kayser, Superintendent's Secretary
Salem School District
200 Hartford Road
Salem, CT 06420-3804

Administrative Action:

_____ Recommended _____ Not Recommended

Principal's Signature _____ Date _____

Superintendent Action

_____ Approved _____ Denied

Approved by: _____ Date _____
Superintendent of Schools