

1:7 parent/chaperone



Date Application Received \_\_\_\_\_  
 Initial \_\_\_\_\_  
 Assignment \_\_\_\_\_  
 Date \_\_\_\_\_

**VOLUNTEER APPLICATION**  
Adams 12 Five Star Schools

Thank you for your interest in the Adams 12 Five Star Schools. We appreciate volunteers and the role they play in continually improving our schools. We realize you're taking the first steps in contributing time to your schools and District. Please complete the following questionnaire. We have a responsibility to our parents and children to know those who work in our schools and therefore reserve the right to conduct background checks and fingerprinting of any volunteers. Please answer each question completely. Please type or print your responses in blue or black ink. Information you provide in this application is considered confidential.

**Personal Data**

Last Name	First Name	Phone	
Street Address	City	State	Zip Code

Date of Birth \_\_\_\_\_

Interested in the Senior Tax Rebate Program? Yes \_\_\_\_\_ No \_\_\_\_\_  
*(Must be 60 years of age or older and own property in Adams County.)*

Do you have a valid driver's license? \_\_\_\_\_ Number \_\_\_\_\_

Have you volunteered in the Adams 12 Five Star Schools before? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, when and where? \_\_\_\_\_

When would you prefer to work? a.m. \_\_\_\_\_ p.m. \_\_\_\_\_ either \_\_\_\_\_

Mon. \_\_\_\_\_ Tues. \_\_\_\_\_ Wed. \_\_\_\_\_ Thurs. \_\_\_\_\_ Fri. \_\_\_\_\_ Any Day \_\_\_\_\_

I prefer: Elementary \_\_\_\_\_ Middle Level (Grades 6-8) \_\_\_\_\_ High School \_\_\_\_\_

Central Administration \_\_\_\_\_ Support Services \_\_\_\_\_

I would be most comfortable working with: Adults \_\_\_\_\_ Students \_\_\_\_\_

Fill out once per school year

**STATEMENT OF UNDERSTANDING**

I hereby authorize any employee, law enforcement agency, administrator, state agency, institution or private information bureau to provide Adams 12 Five Star Schools, or any person or agency so authorized, any and all information they might have, personal or otherwise, with regard to any subject which may bear upon my fitness for the position.

This authorization shall be valid as long as the application remains active in the Adams 12 Five Star Schools District or, if I should become a volunteer for the Adams 12 Five Star Schools, for the duration of my position. A photographic copy of such authorization shall be as valid as the original.

I agree that neither Adams 12 Five Star Schools nor any such parties listed herein shall be held liable in any respect if any position offered is not tendered, is withdrawn or my position is terminated due to falsity of the statements and answers in this application form, made or given pursuant to this application. Denial of information requested above may prevent consideration of this application.

I have read the Adams 12 Five Star Schools volunteer handbook and agree to follow all District policies, procedures and protocols with regard to student safety, confidentiality, discipline and school rules.

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Signature

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Date

**AUTHORIZED SECONDARY ATHLETICS/ACTIVITIES VOLUNTEER AGREEMENT**

Adams 12 Five Star Schools, hereinafter called the District, and \_\_\_\_\_, hereafter called Volunteer, hereby agree as follows:

1. The District hereby contracts with Volunteer for the period commencing \_\_\_\_\_, 20\_\_\_\_, and ending \_\_\_\_\_, 20\_\_\_\_.

2. Volunteer understands and agrees that he/she will not receive monetary compensation for services rendered to the District.

3. Volunteer shall be under supervision of the athletic director/head coach/activities director/principal. Volunteer agrees to perform such services and assignments as directed by and in accordance with the requirements of the school's athletic director/head coach/activities director/principal, all District policies, and all state and federal laws.

4. Volunteer shall assist one or more certificated coaches or teachers in the instruction, direction and supervision of students in the assigned sport or activity.

5. Volunteer understands that worker's compensation laws do not apply to this agreement and that the District shall have no obligation to pay for any medical treatment, lost wages, or other loss suffered by Volunteer while providing these volunteer services.

6. The Volunteer hereby authorizes the District to conduct a registered sex offender screening of the Volunteer and such further background/reference checks as the District deems appropriate.

7. This contract may be terminated by either party upon five (5) days written notice.

8. Volunteer agrees to indemnify, save, and hold harmless the District against any and all claims, losses, injuries, damages, expenses, liability and court awards including costs, expenses, and attorney fees incurred as a result of any act or omission by the Volunteer.

**ATTEST:**

\_\_\_\_\_  
Volunteer

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

**Staff Use Only:**

RAPTOR Check: \_\_\_\_\_

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

By: \_\_\_\_\_  
Athletic Director / Activities Director / Principal

\_\_\_\_\_ School

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

By: \_\_\_\_\_  
District Athletic Director (if applicable)

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

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

Follow up requested: \_\_\_\_\_