



Tempe School District No. 3
3205 S Rural Road
Tempe, AZ 85282
(480) 730-7132

PARENT VOLUNTEER

APPLICATION

Date: _____

Name of Child: _____

Name of School: _____

Name of Teacher (if known): _____

Name: _____

Last

First

Middle Initial

Address: _____

Number

Street

City

State

Zip

Home Phone #: _____ Cell Phone #: _____

Email: _____

Person to notify in case of emergency:

Name: _____ Phone # _____

Languages other than English *in which you are proficient* _____

Do you have a preferred school/grade level in which you would like to volunteer?

Hours of Availability

	Monday	Tuesday	Wednesday	Thursday	Friday
Mornings					
Afternoons					

How often do you wish to volunteer? _____



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VOLUNTEER

STATEMENT OF UNDERSTANDING

Volunteer Name: _____
Last Name First Name Middle Initial

As a Tempe School District No. 3 volunteer, I will:

Have a commitment to involvement

- **Have consistent attendance and punctuality**
- **Contact school/location prior to unavoidable absence**
- **Treat others with respect**
- **Have a positive demeanor.**

Follow school policies

- **Dress appropriately**
- **Check in at the office and wear name tag**
- **Follow all rules and supervisor's instructions**

Promote communication

- **Support other volunteers and staff through constructive feedback**
- **Develop positive relationships with staff, students and other volunteers**

Keep confidentiality

- **Adhere to the district's confidentiality policy**

As a parent volunteer for the Tempe Elementary School District No. 3, I understand fingerprinting may also be required.

I certify the information provided on this entire application is true and complete.

Signature: _____ Date: _____

NOTE: FORM MUST BE SIGNED BEFORE A NOTARY PUBLIC

Name: _____ Phone No. _____

Address: _____ City: _____ State: _____ Zip: _____

School/Department volunteer location preference: _____

Answer these questions truthfully even if the condition was ultimately expunged, reversed or otherwise set aside.

<input type="checkbox"/>	(Check box if this statement is true)	
<input type="checkbox"/>	1) I am not awaiting trial on, I have never been convicted of, or admitted in open court or pursuant to a plea agreement to committing the criminal offenses listed in Question 2 below:	
<input type="checkbox"/>	(Check box if this statement is true and ATTACH A LETTER OF EXPLANATION)	
<input type="checkbox"/>	2) I am awaiting trial on or I have been convicted of or admitted in open court or pursuant to a plea agreement to committing the criminal offenses in this state or similar offenses in another jurisdiction which are checked below:	
<input type="checkbox"/>	Sexual abuse of a minor	<input type="checkbox"/> Burglary in the first degree
<input type="checkbox"/>	Incest	<input type="checkbox"/> Burglary in the second or third degree
<input type="checkbox"/>	First or second degree murder	<input type="checkbox"/> Aggravated or armed robbery
<input type="checkbox"/>	Kidnapping	<input type="checkbox"/> Robbery
<input type="checkbox"/>	Arson	<input type="checkbox"/> A dangerous crime against children as defined in A.R.S. §13-705
<input type="checkbox"/>	Sexual assault	<input type="checkbox"/> Child abuse
<input type="checkbox"/>	Sexual exploitation of minor	<input type="checkbox"/> Sexual conduct with a minor
<input type="checkbox"/>	Felony offenses involving contributing to the delinquency of a minor	<input type="checkbox"/> Molestation of a child
<input type="checkbox"/>	Commercial sexual exploitation of a minor	<input type="checkbox"/> Manslaughter
<input type="checkbox"/>	Felony offenses involving sale, distribution or transportation of, offer to sell, transport, or distribute or conspiracy to sell, transport or distribute marijuana, dangerous or narcotic drugs	<input type="checkbox"/> Aggravated assault
<input type="checkbox"/>	Felony offenses involving the possession or use of marijuana, dangerous drugs or narcotic drugs	<input type="checkbox"/> Assault
<input type="checkbox"/>	Misdemeanor offenses involving the possession or use of marijuana or dangerous drugs	<input type="checkbox"/> Exploitation of minors involving drug offenses
<input type="checkbox"/>	DUI offense	<input type="checkbox"/> Misdemeanor offense(s) other than traffic violations(s)
<input type="checkbox"/>	Felony - Offense:	<input type="checkbox"/> Offense which has not yet been resolved

*CONVICTION is defined as any time you were found guilty of an offense and:

- forfeited a bond;
- served a term of probation;
- paid a fine;
- received a "suspended" sentence;
- conviction was expunged or set aside;
- served time in a city or county jail;
- received a "deferred" sentence;
- served time in prison; and/or
- plea of nolo contendere

I CERTIFY THAT THE ABOVE STATEMENTS ARE TRUE. I UNDERSTAND THAT PROVIDING FALSE INFORMATION MAY RESULT IN TERMINATION OF MY VOLUNTEER POSITION.

Signature
Date

(TO BE COMPLETED BY NOTARY PUBLIC)

State of _____)
) SS
 County of _____)

The above named person, who is known to me or has provided proper identification, signed before me his/her name on this document on this _____ day of _____, 20 _____.

My Commission Expires: _____ Notary Public: _____