NEW HANOVER TOWNSHIP SCHOOL DISTRICT
122 Fort Dix Rd.
Wrightstown, NJ 08562
609-732-2139
http://newhanover.k12.nj.us

School Volunteer Application

The information on this application is requested in order to ascertain the applicant’s background, interests, and skills to perform their duties as a school volunteer.

Application for (circle all that apply):
School Volunteer-General  School Committee Member  Class Trip Volunteer

Personal Information:
Name________________________________  Home Phone_______________________
Address______________________________  Work/Cell Phone____________________
City __________________________   Email______________________________
State New Jersey Residents Only    Date of Birth _________________________
Driver’s License # __________________  State Which Issued Drivers License _______
Maiden Name__________________________

Parent or Guardian of a New Hanover Township School District student?  Yes  No

Place of Employment__________________________

Emergency Contact Person_______________________  Phone #_______________

When are you available to perform volunteering services? (Circle all that apply.)
During school hours  After school hours  Before School hours  Evenings
Monday  Tuesday  Wednesday  Thursday  Friday  Any day

1. Do you plan to be in contact with students, at the school, on a regular basis (20 hours per week or more)?  Yes / No

2. Do you have any limitations that would prevent you from being a volunteer in the school?
Please list up to three references: (Employment, community member, other organization)

1. Name _______________________________ Phone _____________________
   Address________________________________________________________
   Relationship to applicant__________________________________________

2. Name _______________________________ Phone_____________________
   Address________________________________________________________
   Relationship to applicant__________________________________________

3. Name _______________________________ Phone______________________
   Address________________________________________________________
   Relationship to applicant__________________________________________

Note: All applicants are subject to a criminal background check, at the school’s expense, and shall sign a waiver for workers’ compensation. Applicant’s anticipating being in contact with students on a regular basis may be required to provide evidence of that a Mantoux test for tuberculosis has been administered with negative findings within six months of this application. Fingerprinting may be required at the request of the District.

Background Check Release:
In connection with my application to volunteer at the New Hanover Township School District, I understand that investigative inquiries are to be made on myself. I understand that the New Hanover Township School District may request information from various Federal, State and other agencies that maintain records concerning my past activities, which may include fingerprinting. In connection with this application I authorize all corporations, companies, credit agencies, persons, law enforcement agencies, current and former employers to release information they may have about me, and release them from any liability and responsibility from doing so.

I hereby consent to the New Hanover Township School District utilizing the above, and any other relevant information, to conduct background checks, as needed, to determine my ability to participate as a volunteer within the District.

__________________________________________                _________________________
Applicant’s Signature       Date