

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