



EAST VOLUNTEER APPLICATION

PLEASE READ BEFORE COMPLETING THE FOLLOWING SECTIONS:

The following legal questions and background check information allow us as a school to determine your eligibility for a volunteer service position where you may have daily contact with children. It is important that you answer the following questions honestly. Background checks are performed on all applicants volunteering with Vanguard Classical School and will reveal any and all instances in which you may have been arrested, summoned, charged or convicted for minor (such as underage drinking, shoplifting, simple assault, motor vehicle violations, etc.) and major offenses, both locally and nationally. If these types of things have occurred in your past, and you deny knowledge of such occurrences by answering "NO" to the applicable question(s), you will automatically be disqualified from volunteering with the Vanguard Classical School for at least one year. If you have had instances in the past which would require a good faith answer of "Yes" to any of the following questions, this will not bar you from volunteer consideration; each case is judged individually and many offenses, particularly minor ones, may not prevent you from becoming a volunteer for Vanguard Classical School.

~~~~~PRINT IN BLUE OR BLACK INK~~~~~

Last Name \_\_\_\_\_

First Name \_\_\_\_\_

Middle Name \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Home Phone \_\_\_\_\_

Work Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

E-mail Address \_\_\_\_\_

Emergency Contact \_\_\_\_\_

Emergency Contact Phone \_\_\_\_\_

Name of Employer \_\_\_\_\_

Job Title/Description \_\_\_\_\_

School District you live in \_\_\_\_\_

Do you have a child at VCS?  Yes  No

If yes, please provide their name and grade \_\_\_\_\_

Preferred method of contact:  E-mail  Phone  
(For correspondence regarding volunteer opportunities and status of volunteer application ONLY)

Please provide THREE professional/personal references below:

Name \_\_\_\_\_

Phone \_\_\_\_\_

Relationship \_\_\_\_\_

Name \_\_\_\_\_

Phone \_\_\_\_\_

Relationship \_\_\_\_\_

Name \_\_\_\_\_

Phone \_\_\_\_\_

Relationship \_\_\_\_\_

~~~~~ALL APPLICANTS~~~~~

1. Have you ever been charged with any offense involving the sexual molestation, physical or sexual abuse, or rape of a child? Yes No

(If you checked yes to this question, please explain on a separate sheet.)

2. Have you ever been convicted of a criminal offense other than minor traffic offenses? Yes No

~~~~~PLEASE READ CAREFULLY BEFORE SIGNING ACKNOWLEDGEMENT, RELEASE AND AUTHORIZATION~~~~~

In connection with this request, I authorize all corporations, former/present employers, credit agencies, educational institutions, law enforcement agencies, city, state, county and federal courts, Aurora city government, military services and persons to release information they may have about me to the person or company with which this form has been filed, or their agent, Background Information Services, Inc. This releases the aforesaid parties from any liability and responsibility for collecting the above information. I understand that these files may contain negative information about my background, mode of living, character, and personal reputation. This authorization, in original or copy form, shall be valid for this and any future reports or updates that may be requested.

Signature \_\_\_\_\_ Date \_\_\_\_\_

~~~~~TO BE COMPLETED BY HUMAN RESOURCES~~~~~

- Confidentiality Agreement Signed
- Code of Conduct
- Fingerprinted
- Passed background check
- Reference(s) checked
- Entered in Database

Date Approved: _____ Approved by (signed): _____