



Monroe 2 - Orleans Board of Cooperative Educational Services

Volunteer Program Application

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Office Use Only

Start Date: _____

End Date: _____

Teacher/
Instructor: _____

Location/School: _____

Please complete the information below

and send to either:

Hiring and Recruiting Supervisor/Special Ed. **OR**
BOCES 2 Volunteer Program
160 Wallace Way, Bldg.9
Rochester, NY 14624

CWD Director
WEMOCO Career and Technical Education Center
3589 Big Ridge Road
Spencerport, NY 14559

Name: _____
Last Name First Name Middle Initial

Address: _____
Street City

Telephone: _____
Daytime Cell E-mail

Indicate availability (check off days and indicate times you are able to volunteer:

Day	Hours/Times Available
<input type="checkbox"/> Monday	
<input type="checkbox"/> Tuesday	
<input type="checkbox"/> Wednesday	
<input type="checkbox"/> Thursday	
<input type="checkbox"/> Friday	

Indicate District(s) or program(s) you are interested in volunteering for:

☐ Brockport ☐ Churchville-Chili ☐ Gates Chili ☐ Greece ☐ Hilton
☐ Holley ☐ Kendall ☐ Literacy ☐ Spencerport ☐ Wheatland-Chili ☐ Other _____

Indicate LEVEL of classroom or program you would like to be placed:

☐ Preschool ☐ Elementary ☐ Intermediate
☐ Junior High ☐ Senior High ☐ Adult

Please identify a specific teacher, instructor, classroom, or program to volunteer in.

Is the teacher/instructor/program aware of this request? _____

Indicate student disabilities you feel comfortable working with:

- | | | | | |
|--|--|---|---|--|
| <input type="checkbox"/> Autism | <input type="checkbox"/> Deafness | <input type="checkbox"/> Deaf-Blindness | <input type="checkbox"/> Emotional Disability | <input type="checkbox"/> Visual Impairment |
| <input type="checkbox"/> Hearing Impairment | <input type="checkbox"/> Learning Disability | <input type="checkbox"/> Intellectual Disability | <input type="checkbox"/> Multiple Disabilities | <input type="checkbox"/> Including Blindness |
| <input type="checkbox"/> Orthopedic Impairment | <input type="checkbox"/> Other Health Impairment | <input type="checkbox"/> Speech-Language Impairment | <input type="checkbox"/> Traumatic Brain Injury | |

Indicate special training/previous experience in working with students with disabilities:

Please list educational experience:

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School Name/Location	Degree	Major	Degree earned (yes/no/attending)

Have you ever been convicted of a felony or misdemeanor?

If yes, explain (date, location, and nature of the act):

☐ Yes

☐ No

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Please list work experiences:

Employer Name	Dates	Position	Reason left

Submit two (2) mandatory letters of reference with this application, and list name, address and phone number of references below:

Name:		Name:	
Address:		Address:	
City:		City:	
Zip code:		Zip code:	
Phone:		Phone:	



Volunteer Program Application

I hereby certify that the information presented on this application is true, accurate and complete. Any falsification, misrepresentation or omission will be sufficient cause for BOCES not to use me as a volunteer. References and personal information, which become a part of this record, are to be regarded as confidential and will not be revealed to me. I knowingly and voluntarily release from any and all liability anyone giving information regarding me (whether in my application or not) so long as the information is relevant to my volunteer duties.

Signature: _____

Date: _____