

Appendix A – Volunteer Application



Volunteer Program Application

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** CWD Director
 BOCES 2 Volunteer Program Westview Commons
 3599 Big Ridge Road 3555 Buffalo Road
 Spencerport, NY 14559 Rochester, NY 14624

Name: _____
 Address: _____
 Telephone: _____

Last Name	First Name	Middle Initial
Street	City	
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 Wheatland-Chili Other _____

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

- Preschool (ages 3-5) Elementary (ages 5-8) Intermediate (ages 9-12)
 Junior High (ages 12-15) Senior High (ages 5-12) Adult (ages 18+)

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:

- Emotionally Disturbed
 Learning Disabled
 Multiply Disabled
 Pervasive Developmental Disorder (PDD) / Autism
 Intellectually Disabled
 Physically Disabled
 Other
 N/A, adult program

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

Please list educational experience:

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

Have you ever been convicted of a felony or misdemeanor? Yes No

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

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: _____