

**CLASSROOM / ACTIVITIES
VOLUNTEER APPLICATION
Fruitland School District
Fruitland, ID 83619**

Name (Last, First, M.I.)

Other Last Name(Maiden)

Date of Birth

Address

Phone Number

Position applying to be a volunteer for (example classroom volunteer, band, etc.--list classroom teacher's name) _____

Please list any teaching, child care or past volunteer experience _____

Please list 3 references, personal or professional: 1. _____

2. _____

3. _____

Have you ever been charged or convicted of a felony?

NO _____

YES _____

Have you ever been convicted, given a suspended sentence, or been given a withheld judgment in regard to a crime involving moral turpitude?

NO _____

YES _____

If yes to either question, please explain: _____

Signature _____

Date _____

Principal/ Advisor's Signature _____ Date _____

Please return to appropriate building

Lobby Guard Checked by _____

Date Checked _____

Idaho Repository Checked by _____

Date Checked _____

1. The district will check the Idaho Repository for any relevant charges, convictions, sealed cases.
2. If relevant charges, convictions or sealed cases are found on the Idaho Repository, your volunteer application will be denied.

