

Name \_\_\_\_\_

# The Institute for Excellence Charter School

## Confidential Volunteer Application

This application will be asking some very personal and private questions. It is our intention to find out more about the people that we are entrusting with minors. The information contained in this application will be treated with the utmost of confidentiality and respect. This application is to be completed by all applicants for any position involving interaction with minors. This is not an employment application.

### General Information

Date \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

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

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

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

Date of Birth \_\_\_\_\_ Social Security # \_\_\_\_\_

Driver's License # \_\_\_\_\_ State \_\_\_\_\_

Are you:  Single  Married  Separated  Divorced  Widowed

Do you have children?  No  Yes If yes, how many? \_\_\_\_\_

Please list the children's names and grades you have currently enrolled in our school:

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Name \_\_\_\_\_

## References

List three people that you know who meet the following criteria:

- 1) Is over 18 years old,
- 2) Is not related to you,
- 3) Has seen you around minors,
- 4) Has known you for more than 1 year, and
- 5) Has a definite knowledge of your character.

### ONE

Name \_\_\_\_\_ Nature of Association \_\_\_\_\_

Email \_\_\_\_\_ Length of Time Known \_\_\_\_\_

Address \_\_\_\_\_

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

### TWO

Name \_\_\_\_\_ Nature of Association \_\_\_\_\_

Email \_\_\_\_\_ Length of Time Known \_\_\_\_\_

Address \_\_\_\_\_

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

### THREE

Name \_\_\_\_\_ Nature of Association \_\_\_\_\_

Email \_\_\_\_\_ Length of Time Known \_\_\_\_\_

Address \_\_\_\_\_

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

Name \_\_\_\_\_

## **Applicant's Statement**

The information contained in this application is correct to the best of my knowledge. I authorize any references listed in this application to give you any information (including opinions) that they may have regarding my character. I authorize the release of the information contained in this application, on a confidential basis, to The Institute for Excellence Charter School. To uphold the confidentiality of the references, I waive any right that I may have to inspect any information provided about me by any person or organization, but I may contact The Institute for Excellence Charter School to inquire about information provided about me.

Also, I hereby request and authorize the release of any information which pertains to any record of convictions contained in law enforcement files or in any criminal file maintained on me whether local, state or national. I hereby release local, state and national law enforcement agencies from any and all liability resulting from such disclosure.

I further state that I HAVE CAREFULLY READ THE FOREGOING RELEASE AND KNOW THE CONTENTS THEREOF AND SIGN THIS RELEASE AS MY OWN FREE ACT. This is a legally binding agreement, which I have read and understand.

**Print Applicant's Full Legal Name** \_\_\_\_\_

**Applicant's Gender**  M  F

**Applicant's Signature** \_\_\_\_\_ **Date** \_\_\_\_\_