

IJOC-EB

EXHIBIT

**SCHOOL VOLUNTEERS  
VOLUNTEER QUALIFICATIONS AND REQUIREMENTS**

\_\_\_\_\_  
**Volunteer Name (PRINT)**

\_\_\_\_\_  
**Area Requesting to Volunteer  
(Band, Athletics, Other...)**

\_\_\_\_\_  
**Volunteer Signature**

\_\_\_\_\_  
**Date(s) Volunteering**

I, \_\_\_\_\_, being duly sworn, do hereby certify that I have never been convicted of or admitted in open court or pursuant to a plea agreement committing, and am not now awaiting trial for committing, any of the following criminal offenses in the state of Arizona or similar offenses in any other jurisdiction:

- |  |  |
|--|--|
| <ol style="list-style-type: none"><li>1. Sexual abuse of a minor</li><li>2. Incest</li><li>3. First- or second-degree murder</li><li>4. Kidnapping</li><li>5. Arson</li><li>6. Sexual assault</li><li>7. Sexual exploitation of a minor</li><li>8. Felony offenses involving contributing to the delinquency of a minor</li><li>9. Commercial sexual exploitation of a minor</li><li>10. Felony offenses involving sale, distribution, or transportation of, offer to sell, transport, or distribute marijuana or dangerous or narcotic drug</li><li>11. Felony offenses involving the possession or use of marijuana, dangerous drugs or narcotic drugs</li></ol> | <ol style="list-style-type: none"><li>12. Misdemeanor offenses involving the possession or use of marijuana or dangerous drugs</li><li>13. Burglary in the first degree</li><li>14. Burglary in the second or third degree</li><li>15. Aggravated or armed robbery</li><li>16. Robbery</li><li>17. A dangerous crime against children as defined in A.R.S. <a href="#">13-705</a></li><li>18. Child abuse</li><li>19. Sexual conduct with a minor</li><li>20. Molestation of a child</li><li>21. Manslaughter</li><li>22. Assault or Aggravated assault</li><li>23. Exploitation of minors involving drug offenses</li></ol> |
|--|--|

**FOR NOTARY ONLY:**

Subscribed, sworn to, and acknowledged before me by \_\_\_\_\_

this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, in Maricopa County, Arizona.

**Affix Notary Seal and Signature here:**

IJOC-EC  
EXHIBIT

**SCHOOL VOLUNTEERS  
GUIDELINES FOR VOLUNTEERS**

1. The Agua Fria Union High School District appreciates the time volunteers donate to our schools. The District has procured general liability coverage for volunteers. Coverage for volunteers is provided off school premises for District approved events/activities only. The District *does NOT* provide insurance coverage for the loss or damage of personal property of students, staff, or volunteers.
2. The exact procedure of working with volunteers will differ with each situation. Volunteers work under direct supervision of a teacher or other approved District personnel.
3. Volunteers must refer all discipline situations to the teacher or District personnel.
4. Volunteers *must NOT* give any medications or medical advice to students. Where sickness and medications are concerned the school nurse or authorized personnel will follow required procedures.
5. Volunteers may drive a District vehicle if trained by the AFUHSD Transportation Department and all required documents regarding driving a district vehicle have been submitted to Transportation. Volunteers may drive a vehicle, including their own, only to carry equipment and supplies, but **NEVER** to transport students. If students are traveling in a District vehicle, a qualified District employee must drive them.
6. Volunteers will receive training in preparation of their responsibility from their supervisor. Once Board-approved, the Volunteer's Supervisor is responsible for the orientation of the volunteer.
7. Volunteers will complete the volunteer application, and receive a District Volunteer Identification (I.D.) Badge upon fingerprint clearance/fingerprint card receipt and Governing Board approval. *Volunteer candidates may NOT begin to volunteer until this process is complete, including Governing Board approval.*
8. Following a formal meeting between the volunteer and the principal/administrator/supervisor/district administrator, a volunteer may be removed as a volunteer. This decision is final.

I am a volunteer at: \_\_\_\_\_  
**School/Location**

I volunteer for: \_\_\_\_\_  
(Band, Theatre, Classroom, Computers, Athletics...if other, name what you would like to volunteer for)

\_\_\_\_\_  
**Volunteer's Name (PRINT)**                      **Volunteer's Signature**                      **Date**



**AGUA FRIA UNION HIGH SCHOOL DISTRICT 216  
VOLUNTEER APPLICATION**

Name (Print): \_\_\_\_\_ Phone \_\_\_\_\_

Home Address/City/State/Zip \_\_\_\_\_

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

Please complete this section of the application in order for us to have sufficient information on your experiences and background.

1. Current Employer/Address \_\_\_\_\_

2. Work Experience \_\_\_\_\_

3. Education (High School, College/University, Trade School, etc.) \_\_\_\_\_

\_\_\_\_\_

4. Special Interest(s), Training, or skills (Hobbies, Computers, Business, Music, Theatre, Dance, Tutoring, etc.)

\_\_\_\_\_

5. Previous Volunteer Experience/ Name School or Group and Area in Which You Volunteered:

\_\_\_\_\_

**For Office Use Only**

Date: \_\_\_\_\_ Location: \_\_\_\_\_ Contact Person/Activity: \_\_\_\_\_

Fingerprint Clearance: Date: \_\_\_\_\_  Fingerprint Card (Exp. \_\_\_\_\_ )  ID Badge

Final Clearance and Governing Board Approval Date: \_\_\_\_\_  School/Site Notified Date: \_\_\_\_\_

Comments: \_\_\_\_\_

**Please list times in the box or boxes to tell us which mornings or afternoons you would be available to volunteer.**

	<b>MONDAY</b>	<b>TUESDAY</b>	<b>WEDNESDAY</b>	<b>THURSDAY</b>	<b>FRIDAY</b>
<b>A.M.</b>					
<b>P.M.</b>					

On which campus would you like to volunteer? (Please check all that apply)

- AFHS  
 DEHS  
 MHS  
 VHS  
 Coldwater Academy  
 New Directions  
 No Preference  
 Other \_\_\_\_\_

For what program would you like to volunteer?  Band  
 Theatre  
 Dance  
 Tutoring  
 Assisting Classroom Teacher  
 Athletics  
 Other \_\_\_\_\_

Do you already have a teacher or coach for whom you would like to volunteer?  NO  
 YES  
If Yes, provide the name of the potential teacher or potential coach. \_\_\_\_\_

Have you ever worked with students?  YES  
 NO  
What grade/age levels? \_\_\_\_\_

**EMPLOYMENT REFERENCES (CURRENT & PREVIOUS EMPLOYMENT)**

<b>Employer Name, Address, Telephone</b>	<b>Position</b>	<b>If Left Position, Reason for Leaving</b>	<b>Dates Employed</b>
Name/Address: _____ Telephone ( ) _____			
Name/Address: _____ Telephone ( ) _____			
Name/Address: _____ Telephone ( ) _____			

**PERSONAL REFERENCES (PLEASE PROVIDE THREE PERSONAL REFERENCES)**

1. Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
2. Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
3. Name: \_\_\_\_\_ Phone: \_\_\_\_\_

I certify that the above information is correct. I hereby authorize the Agua Fria Union High School District to do a background investigation. I understand that this information will be treated as confidential material. Volunteers will submit to fingerprinting as required by law (a copy of the Arizona Revised Statute is attached) and the Agua Fria Union High School District Governing Board.

\_\_\_\_\_  
Volunteer's Signature

\_\_\_\_\_  
Date

**Please Read the Following and Answer All Questions Completely and Accurately**

The following information is needed from applicants and employees: \*a record or conviction does not prohibit employment; however, failure to complete the affidavit or form accurately and completely shall mean disqualification from consideration for employment or shall be cause for dismissal if employed and may result in prosecution for filing false information with a public agency. The District will consider all circumstances, including the date and nature of events which have led to the actions described below. Your written explanation will assist the District in determining your eligibility and suitability for employment. Applicants and employees must report any situation which would change the status of the affidavit as filed on this form that occur subsequent to the time they initially completed this form. Questions regarding this information should be directed to the Executive Director of Human Resources.

\*CONVICTION means that final judgment on a verdict or a finding of guilty, a plea of guilty, or a plea of nolo contendere in any state or federal court of competent jurisdiction in a criminal case, regardless of whether an appeal is pending or could be taken

\*\*A.R.S. § 13.604.01 requires applicants to give notice of any conviction for dangerous crimes against children. These crimes are defined as second degree murder, aggravated assault, sexual assault, molestation of a child, sexual conduct with a minor, commercial sexual exploitation of a minor, child abuse, kidnapping and sexual abuse.

1. Have you been convicted of, admitted committing, or are you awaiting trial for any crime (excluding only minor traffic violations not involving any allegation of drug or alcohol impairment)? You must answer "YES" even if the matter was later dismissed, deferred, vacated or expunged. If you answer "YES" you must provide dates with proceedings occurred, a statement of the accusation against you and the final disposition of the case(s).

YES  NO Explanation: \_\_\_\_\_

2. Have you ever been dismissed (fired) from any job, or resigned at the request of your employer, or while charges against you or an investigation of your behavior was pending? You must answer "YES" even if the matter was later resolved with any form of settlement or severance agreement, regardless of its terms. If you answer "YES" you must provide the date of termination of employment, the name, address and telephone number of the employer(s) and a statement of the alleged reasons for termination.

YES  NO Explanation: \_\_\_\_\_

3. Have you ever had any license or certificate of any kind (teaching certificate or otherwise) revoked or suspended, or have you in any way been sanctioned by, or is any charge or complaint now pending against you before any licensing, certification or other regulatory agency or body, public or private? If you answer "YES" you must provide the dates of proceedings, name, address and telephone number of the agency or body where proceedings took place, a statement of the accusations against you and the final disposition.

YES  NO Explanation: \_\_\_\_\_

4. Are you now being investigated for any alleged misconduct or other alleged grounds for discipline by any licensing, certificate or other regulatory body (teacher certification or otherwise) or by your current or any previous employer? If you answer "YES" you must provide the name, address and telephone number of the employer of licensing body and a statement of the accusations against you.

YES  NO Explanation: \_\_\_\_\_

5. \*\*Have you ever been convicted of a dangerous crime against children as defined in ARS §13-604.04? If you answer "YES" you must provide details below, including date of conviction, court where convicted, sentence imposed and present status of conviction.

YES  NO Explanation: \_\_\_\_\_

**READ THIS PARAGRAPH BEFORE SIGNING THIS APPLICATION**

Every answer I have provided on this application is both complete and truthful. I understand and agree that (1) if any information is omitted from or not filled in on this Application, or if any false information is furnished, the Agua Fria Union High School District will reject my application, (2) if any false information is furnished, I will be ineligible for any future consideration for employment and may subject to criminal prosecution, and (3) if I am employed by the Agua Fria Union High School District, I may dismissed from employment, if criminally prosecuted, and if certified, my certificate may be revoked, if it is later determined that I have furnished false information on this Application.

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Sign Name

\_\_\_\_\_  
Date