



YORK SCHOOL DEPARTMENT
COMMUNITY VOLUNTEER APPLICATION

Melanie Ladd, Coordinator
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207-351-3016 e-mail: mladd@yorkschoools.org

Name: _____ Date: _____

Address: _____ Phone: _____

City: _____ State: _____ Zip: _____

e-mail: _____ cell phone: _____

Previous or current occupation: _____

Hobbie, skills, or interests: _____

If you have a grandchild or teacher you would like to be with:

Grandchild's name: _____ Grade: _____ Teacher: _____

Grade level preferred: _____ Elementary (gr. K-4) _____ Middle School (gr. 5-8) _____ High School (gr. 9-12)

Days/Times available: _____ Monday at _____ Thursday at _____
_____ Tuesday at _____ Friday at _____
_____ Wednesday at _____

Have you ever been convicted or had adjudication withheld in a criminal offense other than a minor traffic violation, or are there any criminal charges now pending against you other than a minor traffic violation?

_____ YES _____ NO

Please list two references:

Name: _____ Phone: _____

Name: _____ Phone: _____

Philosophy Agreement Statement for our York School Volunteers

The School Committee and Administration require that everyone volunteering in any of the York Schools reads and signs this agreement. The York School Volunteer further enhances the educational opportunities and experiences of the children within the school system. He/she needs to be aware of the need for confidentiality in regard to any school/child related information and recognize that activities will be directed at all times by the classroom teacher and/or volunteer coordinator in accordance with all the established educational policies and objectives. This program is an integral part of the York School community requiring dependability and cooperation on the part of the volunteer.

I agree to fulfill my obligations as a York School volunteer and to adhere to the policies set forth

Signature