



Tempe School District No. 3  
3205 S Rural Road  
Tempe, AZ 85282  
(480) 730-7132

**PARENT VOLUNTEER**

**APPLICATION**

Date: \_\_\_\_\_

Name of Child: \_\_\_\_\_

Name of School: \_\_\_\_\_

Name of Teacher (if known): \_\_\_\_\_

Name: \_\_\_\_\_  
Last First Middle Initial

Address: \_\_\_\_\_  
Number Street City State Zip

Home Phone #: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_

Email: \_\_\_\_\_

**Person to notify in case of emergency:**

Name: \_\_\_\_\_ Phone # \_\_\_\_\_

Languages other than English *in which you are proficient* \_\_\_\_\_

***Do you have a preferred school/grade level in which you would like to volunteer?***

\_\_\_\_\_

**Hours of Availability**

	Monday	Tuesday	Wednesday	Thursday	Friday
Mornings					
Afternoons					

How often do you wish to volunteer? \_\_\_\_\_



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## **VOLUNTEER**

### **STATEMENT OF UNDERSTANDING**

**Volunteer Name:** \_\_\_\_\_  
Last Name First Name Middle Initial

**As a Tempe School District No. 3 volunteer, I will:**

#### **Have a commitment to involvement**

- **Have consistent attendance and punctuality**
- **Contact school/location prior to unavoidable absence**
- **Treat others with respect**
- **Have a positive demeanor.**

#### **Follow school policies**

- **Dress appropriately**
- **Check in at the office and wear name tag**
- **Follow all rules and supervisor's instructions**

#### **Promote communication**

- **Support other volunteers and staff through constructive feedback**
- **Develop positive relationships with staff, students and other volunteers**

#### **Keep confidentiality**

- **Adhere to the district's confidentiality policy**

As a parent volunteer for the Tempe Elementary School District No. 3, I understand fingerprinting may also be required.

I certify the information provided on this entire application is true and complete.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**NOTE: FORM MUST BE SIGNED BEFORE A NOTARY PUBLIC**

Name: \_\_\_\_\_ Phone No. \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

School/Department volunteer location preference: \_\_\_\_\_

**Answer these questions truthfully even if the condition was ultimately expunged, reversed or otherwise set aside.**

<input type="checkbox"/> <b>(Check box if this statement is true)</b>	
1) I am <b>not</b> awaiting trial on, I have never been convicted of, or admitted in open court or pursuant to a plea agreement to committing the criminal offenses listed in Question 2 below:	
<input type="checkbox"/> <b>(Check box if this statement is true and ATTACH A LETTER OF EXPLANATION)</b>	
2) I am awaiting trial on or I have been convicted of or admitted in open court or pursuant to a plea agreement to committing the criminal offenses in this state or similar offenses in another jurisdiction which are checked below:	
<input type="checkbox"/> Sexual abuse of a minor	<input type="checkbox"/> Burglary in the first degree
<input type="checkbox"/> Incest	<input type="checkbox"/> Burglary in the second or third degree
<input type="checkbox"/> First or second degree murder	<input type="checkbox"/> Aggravated or armed robbery
<input type="checkbox"/> Kidnapping	<input type="checkbox"/> Robbery
<input type="checkbox"/> Arson	<input type="checkbox"/> A dangerous crime against children as defined in A.R.S. §13-705
<input type="checkbox"/> Sexual assault	<input type="checkbox"/> Child abuse
<input type="checkbox"/> Sexual exploitation of minor	<input type="checkbox"/> Sexual conduct with a minor
<input type="checkbox"/> Felony offenses involving contributing to the delinquency of a minor	<input type="checkbox"/> Molestation of a child
<input type="checkbox"/> Commercial sexual exploitation of a minor	<input type="checkbox"/> Manslaughter
<input type="checkbox"/> Felony offenses involving sale, distribution or transportation of, offer to sell, transport, or distribute or conspiracy to sell, transport or distribute marijuana, dangerous or narcotic drugs	<input type="checkbox"/> Aggravated assault
<input type="checkbox"/> Felony offenses involving the possession or use of marijuana, dangerous drugs or narcotic drugs	<input type="checkbox"/> Assault
<input type="checkbox"/> Misdemeanor offenses involving the possession or use of marijuana or dangerous drugs	<input type="checkbox"/> Exploitation of minors involving drug offenses
<input type="checkbox"/> DUI offense	<input type="checkbox"/> Misdemeanor offense(s) other than traffic violations(s)
<input type="checkbox"/> Felony - Offense:	<input type="checkbox"/> Offense which has not yet been resolved

\*CONVICTION is defined as any time you were found guilty of an offense and:

- |                               |   |                                   |
|-------------------------------|---|-----------------------------------|
| - forfeited a bond;           | - received a "suspended" sentence;      | - received a "deferred" sentence; |
| - served a term of probation; | - conviction was expunged or set aside; | - served time in prison; and/or   |
| - paid a fine;                | - served time in a city or county jail; | - plea of nolo contendere         |

**I CERTIFY THAT THE ABOVE STATEMENTS ARE TRUE. I UNDERSTAND THAT PROVIDNG FALSE INFORMATION MAY RESULT IN TERMINATION OF MY VOLUNTEER POSITION.**

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

\_\_\_\_\_  
**Date**

**(TO BE COMPLETED BY NOTARY PUBLIC)**

State of \_\_\_\_\_ )  
  ) SS  
County of \_\_\_\_\_ )

The above named person, who is known to me or has provided proper identification, signed before me his/her name on this document on this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_.

My Commission Expires: \_\_\_\_\_

Notary Public: \_\_\_\_\_