

**ELEMENTARY VOLUNTEER APPLICATION  
 AKRON CENTRAL SCHOOL DISTRICT  
 47 Bloomingdale Avenue  
 Akron, New York 14001  
 (716) 542-5050**

Circle one Mr./Mrs./Ms.	First Name	Last Name	Date
Present Address (street, city, zip)		Phone Number	

**Areas to volunteer may include (but are not limited to) Classroom, Field Trips, School Activities, etc.**

\_\_\_\_\_ Parent/Guardian Volunteer

\_\_\_\_\_ Community Volunteer (Includes stepparents, grandparents, aunts, uncles, etc.)

Student Name \_\_\_\_\_ Grade \_\_\_\_\_ Teacher \_\_\_\_\_  
 (List additional children, and their grades/teachers below)

Student Name \_\_\_\_\_ Grade \_\_\_\_\_ Teacher \_\_\_\_\_

Student Name \_\_\_\_\_ Grade \_\_\_\_\_ Teacher \_\_\_\_\_

Student Name \_\_\_\_\_ Grade \_\_\_\_\_ Teacher \_\_\_\_\_

Have you been convicted of a crime in the past ten years, excluding minor traffic offenses? \_\_\_ Yes \_\_\_ No

Are any criminal charges or proceedings pending against you? \_\_\_ Yes \_\_\_ No

If yes to either or both of the above, please explain: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Please note any special experience, training you would be willing to share: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

\*\*\*\*\*

-- FOR OFFICE USE ONLY--

Approved by: \_\_\_\_\_ Date Received: \_\_\_\_\_ Date of Interview: \_\_\_\_\_  
                   Principal

Approved by: \_\_\_\_\_ Date: \_\_\_\_\_  
                   Superintendent of Schools

Approved by: \_\_\_\_\_ Date: \_\_\_\_\_  
                   Board of Education

# AKRON CENTRAL SCHOOL DISTRICT VOLUNTEER REFERENCE FORM

47 Bloomingdale Avenue  
Akron, NY 14001  
Ph: (716) 542-5050  
Fax: (716) 542-5018

Todd K. Esposito  
**Elementary Principal**  
Caroline E. Kos  
**Elementary Assistant Principal**

To whom it may concern,

\_\_\_\_\_ (applicant) has applied to be a volunteer at the Akron Elementary School. References are required before any individual can volunteer in any capacity. It would be greatly appreciated if you could answer the few questions below and return this form to the Elementary School as soon as possible.

Thank you for your time.

Sincerely,

The Elementary Office

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Applicants Name: \_\_\_\_\_ Date: \_\_\_\_\_

How long have you known the applicant? \_\_\_\_\_

Is there any reason you know of why the applicant should not be permitted to work with children?

YES

NO

If yes, please explain:

\_\_\_\_\_

\_\_\_\_\_

Additional comments:

\_\_\_\_\_

\_\_\_\_\_

X \_\_\_\_\_  
(Please sign)

Return to:  
Akron Elementary School  
47 Bloomingdale Ave  
Akron, NY 14001  
Attn: Volunteer Coordinator  
Phone: ( \_\_\_\_ ) \_\_\_\_\_

**Please Print:**  
Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_

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\_\_\_\_\_

\_\_\_\_\_

Additional comments:

\_\_\_\_\_

X \_\_\_\_\_  
(Please sign)

Return to:

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47 Bloomingdale Ave  
Akron, NY 14001  
Attn: Volunteer Coordinator  
Phone: (\_\_\_\_\_) \_\_\_\_\_

**Please Print:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

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Diana Nigro  
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(Please sign)

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