

District Office

2083 College Avenue
Elmira Heights, NY 14903

Michael F. Gill, Superintendent

Phone: (607) 734-7114

Fax: (607) 734-7134

CSE: (607) 733-8039

Transportation: (607) 739-1358

www.heightsschools.com

VOLUNTEER APPLICATION

Personal Information

Name _____		
Last	First	Middle
Present Address _____		Telephone (home) () _____
		Telephone (cell) () _____
Email address _____		Date of Birth _____
Student 's Name _____		Social Security Number _____
Preferred Volunteer Location (check all that apply): <input type="checkbox"/> Cohen Elementary <input type="checkbox"/> Cohen Middle <input type="checkbox"/> Thomas Edison		
Have you ever been convicted of a crime? If yes, give details _____		
Do you have any disability, which would interfere with your performing the duties of this position? _____		

Present or Most Recent Work Experience

Dates From/To	Employer & Address	Title, Nature of Work	Reason for Leaving	Name of Supervisor

References

Name	Position	Address	Telephone Number

I hereby declare that the information provided by me in this application is true, correct and complete.

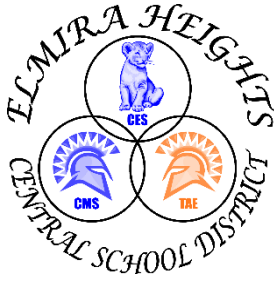
Date _____ Signature _____

Office Use Only

Date Received _____	Date Appointed _____
PD Release _____	Entered in Access _____
<input type="checkbox"/> Parent <input type="checkbox"/> Grandparent <input type="checkbox"/> Employee <input type="checkbox"/> Other	
Recommended By _____	Superintendent Approval _____
Date _____	Date _____

The district does not discriminate in employment or in the education programs and activities which it operates on the basis of race, color, national origin, religion, marital status, military status, sex, age, weight, sexual orientation, gender identity, ethnic group, religious practice, disability or predisposing genetic characteristic in violation of Title IX of the Education Amendments of 1972, Title VI and VII of the Civil Rights Act of 1964, 42 U.S.C. 12111 et seq. known as the Americans With Disabilities Act or § 504 of the Rehabilitation Act of 1973, New York State Human Rights Law, and The Boy Scouts of America Equal Access Act of 2001.

Enter with high expectations – leave with confidence and pride.



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RELEASE OF INFORMATION

I, _____, Residing at _____
First Name MI Last Name Applicant's address

city, state, zip

declare, subject to the penalties of perjury, that the statement made in this application have been examined by me and to the best of my knowledge and belief are true and correct.

I further authorize the release of any and all information about myself from any source deemed necessary, prior to being considered for appointment within the Elmira Heights Central School District. This release includes all or any one of the following: former employers, listed references, Central Registry for Child Abuse and Neglect, Chemung County Department of Social Services, Chemung County Sheriff's Department, local Police Departments, New York State Police and any police agency from areas of former residence.

I further state that to the best of my knowledge:

I **(have) or (have not)** ever been convicted of a crime **(misdemeanor / felony)** in this state or any
Circle One **Circle as applicable**

other jurisdiction.

Only relevant information obtained through this investigation shall be considered for employment purposes.

Date of Birth

Applicant Signature

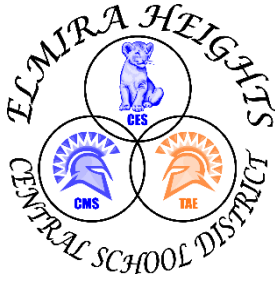
Maiden **and** Previous Married Name(s)

Today's Date

Social Security #

Witness Signature

▶ ▶ **PLEASE HAVE YOUR SIGNATURE WITNESSED BEFORE RETURNING** ◀ ◀



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Hold Harmless Agreement

_____ (insert name of participant) does hereby covenant and agree to release and hold harmless the Elmira Heights Central School District from and against any and all liability, loss, damages, claims or actions (including costs and attorneys' fees) for bodily injury and/or property damage, to the extent permissible by law, arising out of my participation as a volunteer in the District.

I understand that activities I may be involved in as a volunteer may involve rigorous physical activity and risks of physical injury, and I assume these risks. I hereby consent to emergency transportation and treatment in the event of illness or injury. I hereby accept responsibility for the payment of any emergency transportation or treatment. I further certify that I am in good physical condition, and I have no medical or physical conditions that would restrict my participation in this activity.

Participant

Date

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