

Volunteer Application

CAVIT School District

1789 W. Coolidge Avenue, Coolidge, AZ 85128

Phone (520) 423-2992 Email: angelat@cavitschools.org

Applicant Information

First Name: _____ Middle Initial: _____ Last Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____ Email: _____

Occupation: _____ Special Skills: _____

Emergency Information

In case of any emergency please notify:

Contact Name: _____ Phone: _____

Contact Address: _____ City: _____ State: _____ Zip: _____

Contact Work Phone: _____ Contact Cell Phone: _____

Medical Information

Family Physician Name: _____ Phone: _____

Please list any medical directives the District should give to emergency personnel in the event you are unable to do so as a result of illness or injury.

Please list any medical conditions or allergies to medications:

Have you ever been arrested, 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 reduced, dismissed, deferred, vacated or expunged. If you answer "Yes" you must provide dates of the proceedings, the court where the proceedings occurred, a statement of the accusation against you and the final disposition of the case(s).

Yes _____ No _____ (if "Yes" you must attach an explanation.)

Volunteer Confidentiality Agreement

Volunteers are required to comply with all requirements concerning handling of and exposure to confidential information and materials in the school setting. Please sign below if you agree with confidentiality requirements.

I, _____, a volunteer of CAVIT School District, have been informed of my personal responsibility to honor and protect confidential matters and documents to which I have been exposed or have access to in my official volunteer duties. Furthermore, I understand and agree that willful violation of the confidentiality of any student's school related information shall result in immediate removal from my volunteer assignment.

Under penalty of prosecution and dismissal, I hereby certify the information presented on this application is true, accurate and complete. I understand any misrepresentation of facts; false statements or material omissions will result in the cancellation of my volunteer status with CAVIT School District.

Volunteer's Signature: _____ Date: _____