



VOLUNTEER APPLICATION

Thank you for your interest in Littleton School District's Volunteer Program! Please complete all sections below and return to any Littleton District site. We will contact you by email regarding volunteer application status. Please allow 10 business days for processing.

DATE: _____ SCHOOL SITE: _____

Mr. /Mrs. / Ms. _____ Parent Yes No
Please Print First Name Last Name

If not a parent relationship with student: Stepparent Aunt Uncle Grandparent Other: _____

All volunteers need to complete the information below

Address: _____ Zip _____

Email Address: _____

Day Phone: _____ Evening Phone: _____

Employment Status: Student Employed Retired Other: _____

Emergency Contact Information:

Name: _____ Phone: _____

Relationship to you: _____ Cell Phone: _____

If you have children attending one of the Littleton School District School sites, please list their names below:

<u>Student Name</u>	<u>Perm ID</u>	<u>Grade</u>	<u>Teacher</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Background required for non-parents: Please contact Human Resources at 623-478-5604 to schedule an appointment.

Office Use Only –	
Date Paperwork Received: _____	Date Email was sent: _____
Date Entered in Database (Synergy): _____	Date Fingerprint Card Received: _____



Please complete the second page of this form

Name: _____

Please check appropriate box:

- | | | |
|---|------------------------------|-----------------------------|
| 1. Have you ever been convicted of a minor offense other than traffic violations? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 2. Have you ever been convicted of a felony? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 3. Have you ever been convicted of a drug-related offense? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 4. Have you ever been convicted of a sex-related offense? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 5. Have you ever been arrested for any offense which has not yet been resolved? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

****If yes, please circle the letter matching the conviction****

- a. Sexual abuse of a minor.
- b. Incest.
- c. First or second-degree murder.
- d. Kidnapping.
- e. Arson.
- f. Sexual assault.
- g. Sexual exploitation of a minor.
- h. Felony offenses involving contributing to the delinquency of a minor.
- i. Commercial sexual exploitation of a minor.
- j. Felony offenses involving sale, distribution or transportation of, offer to sell, transport, or distribute marijuana or dangerous or narcotic drugs.
- k. Felony offenses involving the possession or use of marijuana, dangerous drugs or narcotic drugs.
- l. Misdemeanor offenses involving the possession or use of marijuana or dangerous drugs.
- m. Burglary in the first degree.
- n. Burglary in the second or third degree.
- o. Aggravated or armed robbery.
- p. Robbery.
- q. A dangerous crime against children as defined in § 13-604.01.
- r. Child abuse.
- s. Sexual conduct with a minor.
- t. Molestation of a child.
- u. Manslaughter.
- v. Aggravated assault.
- w. Assault.
- x. Exploitation of minors involving drug offenses.

If any of the above answers are marked "Yes", fill in the information below

Conviction Charge(s): _____
 Date of Conviction: _____ City: _____ State: _____ Amount of Fine: \$ _____
 Length of jail term: _____ Length of Terms of Probation: _____
 Comments: _____

This portion must be read and signed:

I certify that all information I have supplied on this form is correct to the best of my knowledge. I understand that omissions or deliberate misinformation will serve as grounds to refuse to allow me to volunteer for Littleton School District #65. I authorize the Littleton School District #65 to request and obtain records to determine the accuracy of my responses.

Date: _____

Signature of Volunteer: _____



Volunteer Attestation of COVID-19 Vaccination

As part of our efforts to provide a safe workplace, the Littleton School District #65 is tracking the number of volunteers who have received the COVID-19 vaccine. Please complete this form to let us know whether and when you have received the vaccine. We are asking for dates of the vaccination to help determine when each volunteer is considered fully vaccinated. When completing this form, do not provide any medical information, or any other information related to why you may not have received a COVID-19 vaccine. Simply fill in your name, check the appropriate box, sign, and date. If your situation changes in the future, please provide an updated attestation then.

My name is _____, and I attest that (check only one box):

- I received the complete series of the COVID-19 vaccine as of _____ (enter date).
- I received the first dose of a two-dose COVID-19 vaccine on _____ (enter date only) and expect to receive the second dose on _____ (enter date only).
- I have not received a COVID-19 vaccine (Please do not provide any additional information).

- Yes, I agree to wear a mask while volunteering in the building.

Signature of Volunteer

Date

Certificación de voluntarios de la vacunación contra el COVID-19

Como parte de nuestros esfuerzos para proporcionar un lugar de trabajo seguro, el distrito escolar de Littleton #65 está rastreando el número de voluntarios que han recibido la vacuna COVID-19. Por favor, complete este formulario para hacernos saber si usted ha recibido la vacuna y cuándo. Estamos pidiendo fechas de vacunación para ayudar a determinar cuándo cada voluntario se considera completamente vacunado. Al completar este formulario, no proporcione ninguna información médica ni ninguna otra información relacionada con por qué es posible que no haya recibido una vacuna contra el COVID-19. Simplemente complete su nombre, marque la casilla correspondiente, firme y la fecha. Si su situación cambia en el futuro, proporcione una certificación actualizada a continuación.

Mi nombre es _____

- Recibí la serie completa de la vacuna COVID-19 a partir de _____ (ingrese la fecha).
- Recibí la primera dosis de una vacuna COVID-19 de dos dosis el _____ (ingrese solo la fecha) y espero recibir la segunda dosis en _____ (ingrese solo con fecha).
- No he recibido una vacuna contra el COVID-19 (no proporcione ninguna información adicional).

- Si, Acepto usar una máscara mientras soy voluntario en el edificio.

Firma de la fecha del voluntario