

**VOLUNTEER APPLICATION
LAKE PLACID CENTRAL SCHOOL
50 CUMMINGS ROAD
LAKE PLACID, NEW YORK 12946
518-523-2475**

Date of Application: _____ **Email Address:** _____

Name: _____ **Telephone No:** _____

Address: _____

Social Security Number: _____ (for fingerprinting purposes) **DOB:** _____

What Teacher or Area will you be Volunteering: _____

Elementary K-5 Middle School 6-8 High School 9-12

Because of the new SAVE Legislation, you will also be required to be fingerprinted. We can do the fingerprinting in the Administrative Services Center located behind the high school. There is an online process with the State that you will be assisted with at the time of fingerprinting,

PERSONAL DATA

Have you ever resigned from a prior position without being asked, but under circumstances involving your employer's investigation of mishandling funds or of criminal conduct? ___Yes ___No
If yes, please explain _____

Have you ever been terminated from a teaching position or asked to resign by a school employer? ___Yes ___No
If yes, please explain _____

Have you (a) ever been convicted of a crime, other than a minor traffic offense; or (b) ever entered a plea of guilty or a plea of "no contest" (nolo contendere), or has any court ever deferred further proceedings without entering a finding of guilty and placed you on probation for any crime other than a minor traffic offense? ___Yes ___No
If yes, please explain _____

References: Name, Address, Telephone Number

(Over)

WAIVER
PUBLIC LAW 93-380

I, _____, being aware of the provisions of Public Law 93-380, "Family Educational Rights and Privacy Act of 1964," hereby affix my signature and provide a waiver of the above law's provision.

I hereby grant authorization to the Lake Placid Central School, the Personnel Department and all Administrators in the Lake Placid Central School to:

1. Request any and all materials and information pertaining to my employment from any of my present or former employers, supervisors or co-workers in any bona fide school corporation.
2. Request credentials from all educational institutions I have attended.
3. Request student teaching evaluations from any assigned classroom supervising teacher.

I hereby further authorize:

1. Any bona fide school corporation to release any and all information (written or verbal) pertaining to my employment in that school corporation to the Personnel Department of the Lake Placid Central School.
2. Any or all educational institutions I have attended to release my placement credentials on request to the Personnel Department of Lake Placid Central School.
3. My assigned classroom supervising teacher(s) to release my student teaching evaluation to the Personnel Department of the Lake Placid Central School.

Signature of Applicant

Date

I hereby certify, that to the best of my knowledge and belief, the foregoing statements are true, correct and complete. I further understand that this application will become part of my permanent personnel file should I be employed by the Lake Placid Central School.

Signature of Applicant

FOR ADMINISTRATION USE

Name of Administrator Filling Out Form _____

Date Reviewed: _____

References checked: YES/NO (Please circle one)

Additional Comments:

