



# GLASSBORO PUBLIC SCHOOLS TIER II VOLUNTEER APPLICATION

The Glassboro Board of Education appreciates your interest in serving as a volunteer in the school district. Your contributions enhance the educational experience of our children. It is essential for the Glassboro Board of Education to take necessary safeguards to protect the safety and well-being of our students. The Glassboro Board of Education is implementing a new process for individuals who volunteer in a classroom or school for occasional assistance. This precaution is important for the safety and security of our students and staff, and allows the school district to monitor volunteer activities.

**Tier II volunteers must complete the Application packet and training and undergo the criminal history record check administered on behalf of the State of New Jersey. Volunteers will then submit the application packet and proof of criminal history record check to office of the Director of Curriculum, Special Education and Personnel. Once everything has been received, the Volunteer will be listed for Board of Education approval. Only once the volunteer has been board approved, will his or her volunteer service begin with Glassboro.**

### APPLICANT INFORMATION

Last Name \_\_\_\_\_ First \_\_\_\_\_ M.I. \_\_\_\_\_ Date \_\_\_\_\_

Street Address \_\_\_\_\_ Apartment/Unit # \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Phone \_\_\_\_\_ Email Address \_\_\_\_\_

Social Security No. \_\_\_\_\_ Position Applied for **VOLUNTEER**

Have you ever worked for Glassboro Board of Education? YES  NO  If yes, when? \_\_\_\_\_

Are you currently or formally related to any past/present employees or board members of GBOE? YES  NO

If yes, please provide names: \_\_\_\_\_

### EDUCATION

High School		Address			
From	To	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree
College		Address			
From	To	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree
Other		Address			
From	To	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree

### REFERENCES

Full Name \_\_\_\_\_ Relationship \_\_\_\_\_

Company \_\_\_\_\_ Phone (    ) \_\_\_\_\_

Address \_\_\_\_\_

### DISCLAIMER AND SIGNATURE

I certify that my answers are true and complete to the best of my knowledge. If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release from employment.

Signature \_\_\_\_\_ Date \_\_\_\_\_