

# DENVER PUBLIC SCHOOLS

## Volunteer Application



*This form may be completed and saved on your computer. Once completed, the final document must be printed and signed before sending to the Office of Volunteer Services.*

Last Name:		First:	M.I.:	Date: / /
Street Address:			Apartment/Unit # :	
City:		State:	ZIP:	
Primary Phone:		E-mail Address:		

Source of Referral:

<b>Please check all areas of interest to you:</b>	<input type="checkbox"/> Teacher Assistant	<input type="checkbox"/> Foreign Language Tutoring	<input type="checkbox"/> Reading	<input type="checkbox"/> Math	<input type="checkbox"/> Library	<input type="checkbox"/> Clerical
	<input type="checkbox"/> Other (please explain):					

Check grade level preference.	K-2 <input type="checkbox"/>	3-6 <input type="checkbox"/>	Middle <input type="checkbox"/>	High <input type="checkbox"/>
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<b>Please indicate the DAYS AND TIMEFRAMES you may be available to volunteer:</b>		Morning	Afternoon	Evening
	MONDAY	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	TUESDAY	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	WEDNESDAY	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	THURSDAY	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	FRIDAY	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

I have a volunteer assignment. School and/or program coordinator where assigned:

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**PLEASE CONTACT ME** - I need a volunteer assignment. School(s) or area to which I would like to be assigned:

### Volunteer Confidentiality Agreement/Acknowledgment

Both while they are engaged with Denver Public Schools and afterwards, **volunteers**, interns, or any other duly authorized individual providing services to Denver Public Schools (**hereinafter "employees"**), must preserve the confidentiality of all Denver Public Schools employee and student records, and other proprietary and confidential information, and may not use any of this information to benefit himself or herself or any entity, business, or person other than Denver Public Schools.

Accordingly, I agree and acknowledge that I will preserve the confidentiality of all proprietary and confidential information belonging to Denver Public Schools or its employees and students, including but not limited to employee personnel files or student records, both while I am providing services to Denver Public Schools and afterwards, and I will not take or misuse any confidential information at any time.

I further acknowledge and agree to comply with all applicable Denver Public Schools policies in connection with performance of my volunteer services, including but not limited to Board Policies GBJ ("Personal Records and Files") and JRA/JRC ("Student Records/Release of Information on Students").

I also agree and acknowledge that, on Denver Public Schools' request or on termination of my services, I will promptly return to Denver Public Schools all its property, specifically including all documents, disks or other computer media or other materials in my possession or under my control that contain ideas, processes, concepts or other proprietary or confidential information belonging to Denver Public Schools or its employees or students.

Date / /	Signature
Date / /	Witness

### To Be Completed By School Official

Interviewed by:	School/Organization:	Date: / /
Approved: (Principal)	Teacher:	

### RETURN TO:

Office of Volunteer Services  
 1350 E. 33<sup>rd</sup> Avenue Denver, CO 80205-3924  
 720-424-8245 • FAX – 720-424-8266 • Volunteer\_Services@dpsk12.org

**DENVER PUBLIC SCHOOLS (VOLUNTEER FORMS)**  
**REQUEST FOR CRIMINAL HISTORY/BACKGROUND CHECK**

(PRINT CLEARLY)

Last \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ SSN last 4 digits / \_\_\_\_\_ Driver's Lic.# / Other ID \_\_\_\_\_  
**(NOTE: THE AGE DISCRIMINATION IN EMPLOYMENT ACT OF 1967 PROHIBITS DISCRIMINATION ON THE BASIS OF AGE WITH RESPECT TO INDIVIDUALS WHO ARE AT LEAST 40 YEARS OF AGE)**

Telephone Number/s: Home \_\_\_\_\_ Business \_\_\_\_\_ Other \_\_\_\_\_

**PLEASE READ CAREFULLY**

Denver Public Schools may conduct a complete criminal background investigation of each job applicant, which may include consultation with other federal/state law enforcement agencies and the Colorado Department of Education. Pursuant to this investigation, you may be contacted by representatives of the Denver Public Schools Safety & Security Department to arrange for submission of a complete set of fingerprints, as authorized by law, or provision of additional information regarding the investigation.

**NOTE: A CRIMINAL CONVICTION IS NOT AN AUTOMATIC BAR TO EMPLOYMENT. A JOB APPLICANT'S SUBMISSION BELOW OF FALSE OR MISLEADING INFORMATION, OR FAILURE TO DISCLOSE REQUESTED INFORMATION, MAY DISQUALIFY THE APPLICANT FROM FURTHER CONSIDERATION FOR EMPLOYMENT, RESULT IN DISMISSAL FROM EMPLOYMENT IF DISCOVERED AT A LATER DATE, OR CAUSE DENVER PUBLIC SCHOOLS TO SUBMIT THIS APPLICATION AND INVESTIGATION RESULTS TO THE DISTRICT ATTORNEY FOR POSSIBLE CRIMINAL PROSECUTION.**

For purposes of the certification below, a "conviction" means any conviction by a jury or a court, any payment of a fine, a plea of "no contest"/nolo contendere, imposition of a "deferred" or "suspended" sentence, or forfeiture of any bail, bond or other security. "Misdemeanor" includes any drug or alcohol-related misdemeanor driving offense, but does not include any other misdemeanor traffic offense or traffic infraction.

*Under penalty of perjury*, I hereby certify:

I have never been convicted of committing any felony or misdemeanor; or

I have been convicted of the following felony(ies) or misdemeanor(s):

Date \_\_\_\_\_ City/County/ State \_\_\_\_\_ Charge/s \_\_\_\_\_  
Date \_\_\_\_\_ City/County/State \_\_\_\_\_ Charge/s \_\_\_\_\_  
Date \_\_\_\_\_ City/County/State \_\_\_\_\_ Charge/s \_\_\_\_\_

I have \_\_\_/have not \_\_\_ ever been dismissed or resigned from employment following an allegation of unlawful behavior involving a child. If you have, please explain: \_\_\_\_\_

The above information is true and correct to the best of my knowledge.

APPLICANT'S SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

Requesting Authority: \_\_\_\_\_  
Name Department / Position / Title Phone Ext.  
**Department of Safety and Security Use Only Below This Line**

\_\_\_ CBI \_\_\_ Record Found \_\_\_ No Record Found

**If box is checked, notify Human Resources for additional information.**

Department of Safety and Security Staff / Investigator \_\_\_\_\_ Date \_\_\_\_\_