

MAPLE AVENUE SCHOOL
952 MAPLE AVENUE
NIAGARA FALLS, NY 14305
(716) 278-9140

VOLUNTEER APPLICATION
2018-2019

Volunteer Name: _____

Student Name: _____

Address: _____

Phone: _____

E-Mail Address: _____

Available Days/Time: _____

Have you ever been convicted of a crime other than traffic violations? Yes No
If answer is "Yes", give full particulars on additional sheet of paper & attach to this application.

Have you ever been accused or convicted of any crime involving use, possession, sale or intent to sell narcotics and/or physical/sexual offenses and or/abuse or mistreatment of children? Yes No
If answer is "Yes", give full particulars on additional sheet of paper & attach to this application.

I affirm that answers given herein are true and complete to the best of my knowledge and understand that in the event of any falsity in the above application that I am responsible to the Niagara Falls City School District for any and all legal costs or expenses incurred by it as a result thereof. I authorize investigation of all statements contained in this application as may be necessary.

Signature

Date

FOR OFFICE USE ONLY

Approved Not Approved

Principal Signature: _____