



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.

Please Print

First Name

Last Name

Parent Yes ☐ No ☐

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:

Student Name

Perm ID

Grade

Teacher

| | | | |
|-------|-------|-------|-------|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

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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: _____