

SCHOOL UNION 69  
APPLETON VILLAGE SCHOOL  
VOLUNTEER APPLICATION FORM  
SCHOOL YEAR 2022-2023

**THE FOLLOWING INFORMATION IS REQUESTED TO HELP US COORDINATE VOLUNTEER  
SERVICES AND ENSURE STUDENT SAFETY**

Full Name: \_\_\_\_\_

Permanent Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email Address: \_\_\_\_\_

Date of Birth (required for background check): \_\_\_\_\_

If you have lived outside of Maine, please identify the states and dates:

\_\_\_\_\_

Refusal to provide authorization for reference and/or criminal records checks and/or providing false or misleading information on this registration shall constitute sufficient reason to deny approval to serve as a volunteer or termination as a volunteer at the Appleton Village School.

I understand that any School in School Union 69 performs reference and criminal records checks on all volunteers and I authorize persons and entities contacted by the School Department in connection with this application to provide information about me. I expressly waive in connection with any request for or provision of such information, any claims, including without limitation, defamation, emotional distress, invasion of privacy, or interference with contractual relations that I might otherwise have against the School Department, its agents and officials or against any provider of such information. I further understand that if I am approved as a volunteer, that I will be required to sign a Volunteer Agreement and attend a Volunteer Orientation.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

**OFFICE USE ONLY**

\_\_\_\_\_ Application reviewed for completeness

\_\_\_\_\_ References checked (attach documentation)

\_\_\_\_\_ Criminal records checked (attach documentation)

Application approved: \_\_\_\_\_

Application denied: \_\_\_\_\_

Date: \_\_\_\_\_

Updated 9/15/22

**APPLETON VILLAGE SCHOOL**

737 Union Road

Appleton, Maine 04862

(207) 785-4504

**VOLUNTEER AGREEMENT FORM**

I understand that as a volunteer at Appleton Village School that ALL student and staff information is confidential. I agree not to access, review, disclose or use confidential student or staff information without specific authorization from a school administrator. I also understand that even when I am no longer a volunteer in the schools, any confidential information I have learned must continue to be kept confidential. I understand that any breach of these confidentiality requirements will result in my immediate termination as a volunteer and my result in legal action against me.

I understand that I must comply with all Board policies and school rules applicable to school staff, as well as all directions from school administrators and staff, while serving as a volunteer. I further understand that my authorization to serve as a volunteer may be terminated at the discretion of the Superintendent and school principal at any time if they determine it is in the best interests of Appleton Village School.

\_\_\_\_\_  
Signature of Volunteer

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date