

APPLICATION TO SERVE AS VOLUNTEER/MENTOR
CANTON PUBLIC SCHOOL DISTRICT

NAME: (PRINT) _____

ADDRESS: _____

Telephone: Home: ()

Cell: ()

Type of application: (please circle ONE) **Volunteer** **Mentor**

Preferred school site: _____

Preferred starting time: _____

Place of employment: _____

Highest educational level achieved: _____

State the area in which you seek to volunteer/mentor: _____

State your experience, education and/or training which qualifies you for the position for which you seek to offer your services as a volunteer/mentor: _____

Have you ever been convicted of a crime (other than a traffic violation)? _____ YES

_____ NO

If your answer to the foregoing question is yes please identify the crime for which you were convicted or pled guilty and the court in which you appeared for said crime. _____

_____.

In submitting this application I hereby agree and consent for the Canton Public School District to conduct a background investigation to determine my fitness to serve as a volunteer/mentor among the children of the district and I further acknowledge that my volunteer services are being offered and will be performed at no charge to the District and without the expectation of payment from any other source and further, I acknowledge that I serve it the will and pleasure of the Canton Public School District Board of Trustees.

Witness my signature on this _____ day of _____, 20_____.

Signature