



Douglas County School District  
**COMMUNITY**  
**VOLUNTEER APPLICATION**

**\*SCHOOLS: SEND APPL. W/COPY OF COLORADO DRIVER'S LICENSE**

**FOR OVERNIGHT CHAPERONES & COACHES ONLY:**  
**RISK MANAGEMENT - Debbie.Warren@dcsdk12.org**

**FOR ALL OTHER NON-PARENTS: SECURITY**  
**volunteer-backgroundsusergroup@dcsdk12.org**

### 1. Personal Information

Name (please print) \_\_\_\_\_ **Colorado** Driver's License \_\_\_\_\_

Date of Birth \_\_\_\_\_ Phone \_\_\_\_\_ Email Address \_\_\_\_\_

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

### 2. Placement Information

School/Classroom

Volunteer Coach  
(MS or HS Athletics)

Elementary Enrichment  
(Before/After School Programs)

Overnight Chaperone/Driver: Date of Overnight Trip \_\_\_\_\_

School Requested

Contact Person at School

School Contact Email

### 3. Work Experience

Current or Most Recent Position \_\_\_\_\_ Organization \_\_\_\_\_

Supervisor \_\_\_\_\_ Phone \_\_\_\_\_ Employment Dates (Mo/Yr - Mo/Yr) \_\_\_\_\_

Specific Responsibilities \_\_\_\_\_

Reason for leaving (if applicable) \_\_\_\_\_

### 4. References

Please list three people who you have known in a work and/or volunteer capacity or on a personal level:

Name \_\_\_\_\_ Work/Home/Cell Phone \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ Work/Home/Cell Phone \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ Work/Home/Cell Phone \_\_\_\_\_ Relationship \_\_\_\_\_



## 5. School/Classroom Experience

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For the best possible placement, please answer the following questions:

1. What experience have you had working with children?

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2. Do you have any special skills, qualifications or capabilities that would help us place you?

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3. What type of volunteer work are you most interested in?

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## 6. Additional Information

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Have you ever been convicted of, pled nolo contendere (no contest) to, or received a deferred sentence or deferred prosecution for a felony, a misdemeanor crime involving unlawful sexual behavior, or unlawful behavior involving children?  Yes  No

Have you ever been convicted of any other misdemeanor, other than a misdemeanor traffic offense or traffic infraction? (Conviction will not automatically disqualify you.)  Yes  No

If your answer is "Yes" to either of the above questions, please provide the details, including a description of the felony or misdemeanor charge, the date of the disposition of the charge, and the court involved: \_\_\_\_\_

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**Please read carefully:** As a Community Volunteer assisting within the Douglas County School District Re. 1 ("District"), you have been authorized by the Principal or the Principal's designee to act as a school official subject to the direction and control of the school's administrators and teachers. You understand and agree that your failure to maintain the confidentiality of all student education records and information to which you are given access may disqualify you from further service as a community volunteer in the District.

By providing the information requested and signing below, you consent to the District conducting a background check and understand that the District reserves the right to decline the volunteer service of anyone.

**\*\*\* PLEASE ATTACH A PHOTOCOPY OF YOUR VALID COLORADO DRIVER'S LICENSE TO THIS APPLICATION \*\*\***

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Applicant Print Name

Signature

Date