

Boonton Public Schools
Volunteer Program Application

Full Name of Applicant: _____

* Home Phone: _____

* Cell Phone: _____

* Work Phone: _____

Address: _____

Number of years at this address: _____

If less than three, provide previous address: _____

Email Address: _____

* Please list your child(ren) in the Boonton School District

| Name | Grade |
|----------|-------|
| 1. _____ | _____ |
| 2. _____ | _____ |
| 3. _____ | _____ |
| 4. _____ | _____ |
| 5. _____ | _____ |

Your Social Security Number: _____ Your Date of Birth: _____

List three references other than family members

| Name: | Address: |
|----------|----------|
| 1. _____ | _____ |
| 2. _____ | _____ |
| 3. _____ | _____ |

Have you ever been convicted of a criminal offense in this or any state?

Yes _____ No _____

If yes, please explain on the reverse side of this application

7. Special interests: _____

8. Areas willing to volunteer: _____

All Applications are Subject to a Background Check by the Boonton Police Department.

Signature: _____ Date: _____

Please return this application to your child's school

Please check school(s)

_____ School Street School

_____ Boonton Middle School

_____ John Hill School

_____ Boonton High School