

# Boonton Public Schools

## Volunteer Program Application

1. Full Name of Applicant: \_\_\_\_\_ Telephone: \_\_\_\_\_

2. Address: \_\_\_\_\_

3. Number of years at this address \_\_\_\_\_ If less than three years, please provide previous address: \_\_\_\_\_

4. Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Date of Birth \_\_\_\_\_  
(optional)

5. List three references other than family members

Name

Address

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

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

Yes \_\_\_\_\_ No \_\_\_\_\_

If yes check here \_\_\_\_\_ and 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*

**Check one**

\_\_\_\_\_ School Street School

\_\_\_\_\_ Boonton Middle School

\_\_\_\_\_ John Hill School

\_\_\_\_\_ Boonton High School