

**SCHOOL / BUILDING VOLUNTEER APPLICATION**

Thank you for your willingness to volunteer for Westminster Public Schools. WPS has a responsibility to its schools, children and community and reserves the right to require a background check. The information provided on this form will be used to process through the Colorado Bureau of Investigations and, if necessary, a secondary source.

**Volunteer Applicant Information (if you do not intend to volunteer for WPS please do not complete this form)**

Full Name: \_\_\_\_\_  
Last First M.I.

Birthdate: \_\_\_\_\_ Social Security No.: \_\_\_\_\_

Address: \_\_\_\_\_  
Street Apt. / Unit No.

\_\_\_\_\_ City State Zip Code

Phone No. \_\_\_\_\_ Alternate Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**Reason for Volunteering (Required)**

Field Trip     Classroom     Student Teacher (College)

Athletics (Name of activity and Location) \_\_\_\_\_

Special Guest / Other (Please explain) \_\_\_\_\_

**Student Information**

To avoid having to complete this application for each school, please list the names of all of your children in the district.

Student: Last Name	Student: First Name	Grade	School	Teacher

**Volunteer Background Information (Required)**

Have you ever been arrested? (Excluding only minor traffic violations not involving any allegation of drug or alcohol impairment, you must answer "YES" even if the matter was later dismissed, deferred, vacated or expunged.)    YES \_\_\_\_\_ NO \_\_\_\_\_

Were any children involved?    YES \_\_\_\_\_ NO \_\_\_\_\_

You must answer "YES" even if the matter was later dismissed, deferred, vacated or expunged.  
 If you answered "YES," please provide a written statement that includes the following:

1. An explanation of the charges and outcomes of the case or cases in question.
2. Any documentation you can provide showing the disposition of the charges/case.

**Disclaimer and Signature (Required)**

*I certify that I have made true, correct and complete answers and statements on this application in the knowledge that they may be relied upon in considering my application. I understand that any omission or falsely answered statement made by me on this application or any supplement of it will be sufficient grounds for failure to allow me to volunteer in the school district.*

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

**TO BE COMPLETED BY SCHOOL (Required)**

School: \_\_\_\_\_ School Contact: \_\_\_\_\_ Verified by: \_\_\_\_\_

