LOWELL PUBLIC SCHOOLS
LOWELL, MASSACHUSETTS

APPLICATION FOR VOLUNTEER SERVICES

At which school(s) do you wish to volunteer? _____

Name _____
Last First Middle

Address _____

Contact Telephone # _____

Email _____

What is your relation or connection to the school: _____

VOLUNTEER SERVICES TO BE CONSIDERED FOR (Check all that may apply):					
	Student/Partner Reading		Field Trip Chaperone		PTO sponsored events
	Classroom Helper		Overnight Chaperone		Book fair
	Library Assistance		Office Helper		Book swap
	Lunch Room Assistance		Field Day		School Store
	OTHER				

REFERENCES

1. Name _____
   Position _____
   Telephone # _____

2. Name _____
   Position _____
   Telephone # _____

The Personnel Office will contact your listed references for the purpose of verifying recommendations relating to your volunteer application.

The Lowell Public Schools will also be conducting a criminal record check for conviction and pending case data. Please complete the attached **CRIMINAL OFFENDER RECORD INFORMATION (C.O.R.I.) FORM.** The information contained herein is a true and complete statement of my personal record to date.

_____ _____
Signature of Applicant Date

I also acknowledge that I have received the **DRUG FREE WORKPLACE** Policy as adopted by the Lowell School Committee on May 10, 1989 and that I have read this document.

_____ _____
Signature of Applicant Date

"It is unlawful in Massachusetts to require or administer a lie-detector test as a condition of employment or continued employment. An employer who violates this law shall be subject to criminal penalties and civil liability."

Please return to	Michael Cassidy, Human Resource Director Lowell Public Schools Henry J. Mroz Central Administration Offices Edith Nourse Rogers School 43 Highland Street, Lowell, MA 01852

Revised 05/01/08