

Heber-Overgaard Unified School District #6
P.O. Box 547; 3375 Buckskin Canyon Rd.
Heber, Arizona 85928

Telephone (928) 535-4622 Fax (928) 535-5146

Email: HR@h-oschools.org
www.heberovergaardschools.org

APPLICATION FOR VOLUNTEER

1. PERSONAL INFORMATION:

Date Received: _____

Name _____ Social Security No _____

Driver License No. _____

Mailing Address: _____ Physical Address: _____

City _____ State: _____ Zip _____ Phone: _____

Email: _____

Position(s) desired (Indicate one or more preference of positions):

2. CURRENT EMPLOYMENT DATA:

a. Are you currently employed? _____ Yes _____ No

a. When will you be volunteering? _____

c. Have you ever been employed by Heber-Overgaard School District? _____ Yes _____ No

If yes, please list dates _____ / _____ to _____ / _____ Position: _____

d. List types of Driver's Licenses you possess: _____

e. In what languages are you fluent? _____

IMPORTANT: Before consideration will be given, the candidate must have on file in the District Office a completed application with any required supporting materials. A resume is recommended but not required. It is the candidate's responsibility to see that all materials are provided for the employee file. All successful applicants must be fingerprinted prior to and as a condition of employment. The successful candidates will not be officially approved by the Governing Board until fingerprint clearance has been obtained by the District Office

Section 504 of the Rehabilitation Act and Americans with Disabilities Act

Notice of Nondiscrimination

Applicants for admission and employment, students, parents, persons with disabilities, employees, and all unions or professional organizations holding collective bargaining or professional agreements with the Heber-Overgaard Unified School District are hereby notified that this district does not discriminate on the basis of race, sex, color, national origin, age, or disability in admission or access to, or treatment or employment in, its programs and activities.

Any person having inquiries concerning the district's compliance with the regulations implementing Title VI, Title IX, The Americans with Disabilities Act (ADA) or Section 504 is directed to contact the following individual who has been designated by the school to coordinate efforts to comply with the regulations regarding nondiscrimination: Ron Tenney, 928-535-4622 x 5000

3. RELEVANT EXPERIENCE:

Provide information about your experience relating to the area for which you are volunteering. Please list complete information. The district reserves the right to contact your current and former employers.

Pertinent Dates:	Brief description	References if possible
From: ___ / ___ / ___. To: ___ / ___ / ___.		
From: ___ / ___ / ___. To: ___ / ___ / ___.		
From: ___ / ___ / ___. To: ___ / ___ / ___.		
From: ___ / ___ / ___. To: ___ / ___ / ___.		

4. EDUCATION AND PROFESSIONAL TRAINING:

List schools attended and special training received.

	Location	Dates Attended	Year Graduated	Degree/Certificate	Major/Minor	Grade Point Average
High School						
College/Trade School						
Other						

In your own words **and in your own handwriting**, please provide in the area below a brief explanation of why you would like to volunteer with the Heber-Overgaard Unified School District.

5. PERSONAL AND PROFESSIONAL REFERENCES:

List the names of persons who are familiar with your character, personality, aptitudes and work habits. Do not include relatives on this list of references.

Name	Relationship to Applicant	Address (if known)	Phone Number

6. ACKNOWLEDGEMENT OF APPLICANT:

I certify that every answer and statement I have provided on and accompanying this application is complete, truthful, and current. I understand and agree that:

- a. If any information is omitted from or not completed on this application, or if any false information is furnished, the District may reject my application.
- b. If any false information is furnished, I will be ineligible for any future consideration and may be subject to criminal prosecution.

I authorize investigation of all statements on this application form and other material provided as part of my application for this position.

Applicant Signature

Date

Please email, mail, or deliver this application and all related materials to:
 Office of the Superintendent
 Heber-Overgaard Unified School District No. 6
 P.O. Box 547; 3375 Buckskin Canyon Rd.
 Heber, Arizona 85928
 Phone (928) 535-4622 FAX (928) 535-5146
 Email: HR@h-o.k12.az.us

7. BACKGROUND CHECK AND INFORMATION:

Due to the responsibility the Heber-Overgaard Unified School District No. 6 has to its children and community, the following information is required from all applicants and employees regarding convictions.* A record of conviction does not disqualify an applicant from consideration; however, failure to provide complete and accurate information may cause disqualification from consideration for employment, may be cause for dismissal if employed, and may result in prosecution for filing false information with a public agency. Applicants and employees must report any convictions that occur subsequent to the time they initially complete this form. Questions regarding this information should be directed to the Superintendent’s office. Please read carefully and answer each question legibly.

*CONVICTION means the final judgment on a verdict or a finding of guilty, a plea of guilty, or a plea of nolo contendere, in any state or federal court of competent jurisdiction in a criminal case, regardless of whether an appeal is pending or could be taken. Conviction does not include a final judgment that has been expunged by pardon, reversed, set aside, or otherwise rendered invalid.

**Please note that prior to hiring, you must submit a notarized statement attesting to the fact that you are not now awaiting trial on, or have ever been convicted of, or admitted in open court or pursuant to a plea agreement, committing any of the crimes listed in ARS 15-512D and ARS 13-604.01. In conjunction with this, you will submit fingerprints for a background check.

The crimes required to be disclosed on the affidavit are:

***ARS 13-604.01	ARS 15-512D
Prohibits any of the following with a minor under The age of 15:	
1. Second degree murder	1. Sexual abuse of a minor
2. Aggravated assault resulting in serious physical injury or committed by the use of a deadly weapon or dangerous instrument	2. Incest
3. Sexual assault	3. First or second degree murder
4. Molestation of a child	4. Kidnapping
5. Sexual contact with a minor	5. Arson
6. Commercial sexual exploitation of a minor	6. Sexual assault
7. Child abuse as defined in ARS 13-3623.B.1	7. Sexual exploitation of a minor
8. Kidnapping	8. Felony offenses involving contributing to the delinquency of a minor
9. Sexual abuse	9. Commercial exploitation of a minor
10. Taking a child for the purpose of prostitution	10. Felony offenses involving sale, distribution, or transportation of, offer to sell, transport or distribute marijuana or dangerous or narcotic drugs
11. Child prostitution	11. Felony offenses involving the possession or use of marijuana, dangerous drugs, or narcotic drugs
12. Involving or using minors in drug offenses	12. Misdemeanor offenses of the possession or use of marijuana or dangerous drugs
	13. Burglary in the first degree
	14. Burglary in the second or third degree
	15. Aggravated or armed robbery
	16. Robbery
	17. A dangerous crime against children as per ARS 13-604.1
	18. Child abuse
	19. Sexual conduct with a minor
	20. Molestation of a child
	21. Voluntary manslaughter
	22. Aggravated assault
	23. Assault
	24. Exploitation of minors involving drug offenses

Name: _____ Social Security Number _____
 Last First Middle

Other names used: _____ Dates used: _____

1. Have you ever been convicted of a minor offense other than traffic violations? (A DUI conviction is not considered a minor traffic offense) _____ Yes _____ No
2. Have you ever been convicted of a felony? ** _____ Yes _____ No
3. Are you awaiting trial on a felony charge? _____ Yes _____ No
4. Have you ever been convicted of a sex or drug related offense? _____ Yes _____ No
5. Have you ever admitted to or been convicted of a dangerous crime against children as defined by ARS 13-604.01 *** _____ Yes _____ No

IF YOU ANSWERED “YES” TO ANY OF THE ABOVE QUESTIONS, 1 THROUGH 5, PLEASE COMPLETE THE “APPLICATION SUPPLEMENTAL CONVICTION INFORMATION” ON THE NEXT PAGE.

APPLICATION SUPPLEMENTAL CONVICTION INFORMATION
 (the following information will be retained in the district office and not available to other
 personnel in the district)

Conviction Charge		CONVICTION INFORMATION	
		Date of Conviction	
Court of Conviction			
City	State	Amount of Fine	Length of Jail Term
Remarks			
Length and Term of Probation			
If you have more than one reportable offense, copy this sheet to provide the information			

8.. Is there any other information, not required by this application, that you should disclose to the District so that it may accurately evaluate your fitness to work in a position of public trust with minor students? (If you are uncertain as to the relevance or necessity to disclose a matter, trait, etc., disclose and the District will determine whether the information is pertinent.)

IF YOU ANSWERED “YES” TO QUESTION 6, PLEASE FULLY EXPLAIN THE ANSWER ON AN ATTACHED, SEPARATE PIECE OF PAPER.

Under penalty of prosecution and dismissal, I hereby certify that the information presented on this application and supporting material is true, accurate, and complete. I authorize the investigation of all statements contained herein and understand that any document relevant to this information may be reviewed by the agents of the Heber-Overgaard Unified School District No. 6.

I authorize the Heber-Overgaard Unified School District No. 6 to make reference checks prior to employment, and I will execute documents to facilitate this investigation. I understand that my employment is not finalized until the background investigation has been completed and the Governing Board has officially approved my employment. I understand that misrepresentation or omission of pertinent facts may be cause for dismissal.

Applicant Signature

Date

FBI NOTIFICATION OF APPLICANT PRIVACY RIGHTS

Your fingerprints will be used to check the criminal history records of the FBI.

If you have a criminal history record, the officials making a determination of your suitability for the job, license, or other benefit must provide you the opportunity to complete or challenge the accuracy of the information in the record. You should be afforded a reasonable amount of time to correct or complete the record (or decline to do so) before officials deny you the job, license, or other benefit based on information in the criminal history record. {Reasonable opportunity is defined as being decided upon by a case by case basis with the applicant, in regards to position applied for.}

The procedures for obtaining a change, correction, or updating of your FBI criminal history record are set forth in Title 28, Code of Federal Regulations (CFR), Section 16.30 through 16.34. Information on how to review and challenge your FBI criminal history record can be found at www.fbi.gov under “Criminal History Summary Checks” or by calling (304)625-5590.

To obtain a copy of your Arizona criminal history in order to review/update/correct the record, you can contact the Arizona Department of Public Safety Criminal History Records Unit at (602)223-2222 to obtain a fingerprint card and a Review and Challenge packet. Information on the review and challenge process can be found on the DPS website (www.dps.gov).

By signing I acknowledge that I have received these Privacy Rights as outlined above.

Signature

Date

(to be given to applicant if they desire this information)

The procedures for obtaining a change, correction, or updating of your FBI criminal history record are set forth in Title 28, Code of Federal Regulations (CFR), Section 16.30 through 16.34. Information on how to review and challenge your FBI criminal history record can be found at www.fbi.gov under “Criminal History Summary Checks” or by calling (304)625-5590.

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