



Volunteer Application Form

Our Vision: Through strong partnerships among teachers, parents, students and the community, Art & Science Academy will provide an outstanding, innovative and individualized education that challenges and motivates each child to reach his/her personal best.

Please provide the following information.

First and Last Name _____

Grade of child(ren) _____

Phone #: Day _____ Evening _____

E-mail _____

What is the most convenient time and way to contact you? Day Evening/ Phone E-mail

Although we haven't established a full list of volunteer opportunities, below are some areas we know we could use volunteers. Please check all boxes that match your interest.

- | | |
|---|---|
| <input type="checkbox"/> Art Showcase | <input type="checkbox"/> Classroom |
| <input type="checkbox"/> Plays | <input type="checkbox"/> Carpentry/construction |
| <input type="checkbox"/> Music/Dance Showcase | <input type="checkbox"/> Before school activities |
| <input type="checkbox"/> Science Showcase | <input type="checkbox"/> After school activities |
| <input type="checkbox"/> Fundraising | <input type="checkbox"/> Chaperone (field trips) |
| <input type="checkbox"/> Lunchroom assistant | <input type="checkbox"/> Enrichment Hour |
| <input type="checkbox"/> Playground assistant | <input type="checkbox"/> After event clean-up |

Skills or Special Interests: _____

*** Criminal Background Check for Volunteers:** The Art and Science Academy Volunteer Program requires volunteers to complete a Criminal Background Check to protect our volunteers, staff and students. Background checks will be at the discretion of the ASA Board of Directors after the analysis of multiple factors. There is a fee of \$20.00. We do NOT want this fee to deter volunteers and ASA is willing to assume the cost. However, if you are able to pay, we are appreciative. Above all, thank you for volunteering. We value your contribution as a volunteer.



DISCLOSURE REGARDING BACKGROUND INVESTIGATION

IMPORTANT – PLEASE READ CAREFULLY BEFORE SIGNING

Employer, **Art and Science Academy**, may obtain information about you for employment purposes from a third-party consumer reporting agency. Thus, you may be the subject of a "consumer report" and/or an "investigative consumer report" which may include information about your character, general reputation, personal characteristics, and/or mode of living, and which can involve personal interviews with sources such as your neighbors, friends, or associates. These reports may contain information regarding your credit history, criminal history, social security verification, motor vehicle records ("driving records"), education or employment history, or other background checks. Credit history will only be requested where such information is substantially related to the duties and responsibilities of the position for which you are applying. You have the right, upon written request made within a reasonable time, to request whether a consumer report has been run about you, and disclosure of the nature and scope of any investigative consumer report and to request a copy of your report. Please be advised that the nature and scope of the most common form of investigative consumer report obtained with regard to applicants for employment is an investigation into your education and/or employment history conducted by The McDowell Agency, Inc. at Tel: (651) 644-3880, or another outside organization. The scope of this notice and authorization is all-encompassing, however, allowing the Company to obtain from any outside organization all manner of consumer reports and investigative consumer reports now and throughout the course of your employment to the extent permitted by law. You should carefully consider whether to exercise your right to request disclosure of the nature and scope of any investigative consumer report.

I hereby consent to your obtaining the above information from THE MCDOWELL AGENCY, INC., 1101 Snelling Avenue North, St. Paul, MN 55108, 651-644-3880, <http://www.mcdowellagency.com>. I understand to aid in the proper identification of my records personal identifiers as well as other information, is necessary.

I understand that I am being provided the "Summary of Your Rights Under the Fair Credit Reporting Act" prepared pursuant to 15 U.S.C. Section 1681-1681.

This Disclosure form, in electronic, faxed, or photocopied form, will be valid for any reports that may be requested by the Company.

New York and Maine applicants or employees only: You have the right to inspect and receive a copy of any investigative consumer report requested by the company by contacting the consumer reporting agency identified above directly. You may also contact the Company to request the name, address and telephone number of the nearest unit of the consumer reporting agency designated to handle inquiries, which the Company shall provide within 5 days.

By signing below, I acknowledge that I have read and understand the DISCLOSURE REGARDING BACKGROUND INVESTIGATION above.

Signature

Date (mm/dd/yyyy)



AUTHORIZATION AND ACKNOWLEDGMENT

IMPORTANT – PLEASE READ CAREFULLY BEFORE SIGNING

I hereby authorize the obtaining of "consumer reports "and/or "investigative consumer reports "by Art and Science Academy the Company, "The McDowell Agency, Inc." at any time after receipt of this authorization and throughout my employment, if applicable. To this end, I hereby authorize, without reservation, any law enforcement agency, administrator, local, state or federal agency, institution, school or university (public or private), information service bureau, employer, or insurance company to furnish any and all background information requested by The McDowell Agency, Inc., another outside organization acting on behalf of the Company, and/or the Company itself. I understand that by agreeing below, that I am signing the Authorization form directing the background check as described in the disclosure.

STATE SPECIFIC RIGHTS OF APPLICANTS OR EMPLOYEES

New York applicants or employees only: By signing below, you also acknowledge receipt of Article 23-A of the New York Correction Law. If you did not receive Article 23-A, please contact us or visit: <https://www.labor.ny.gov/formsdocs/wp/correction-law-article-23a.pdf>

Minnesota and Oklahoma applicants or employees only: Please check this box if you would like to receive a copy of a consumer report at no charge if one is obtained by the Company.

California applicants or employees only: By signing below, you also acknowledge receipt of the NOTICE REGARDING BACKGROUND INVESTIGATION PURSUANT TO CALIFORNIA LAW. Please check this box if you would like to receive a copy of an investigative consumer report or consumer credit report at no charge if one is obtained by the Company whenever you have a right to receive such a copy under California law.

Washington State applicants or employees only: You also have the right to request from the consumer reporting agency a written summary of your rights and remedies under the Washington Fair Credit Reporting Act.

Employer please note: If a Minnesota or Oklahoma checks "YES" regarding the consumer report, or if a California consumer checks "YES" regarding the credit report (and you do request a credit report), you must provide the individual a copy of their report. If consumer checks "YES" regarding the full consumer report, and consumer resides in California, you must provide the individual with a copy of their consumer report, unless you have made prior arrangements for THE MCDOWELL AGENCY to do so on your behalf.

By signing below, I acknowledge that I have read and understand the AUTHORIZATION AND ACKNOWLEDGMENT, A SUMMARY OF YOUR RIGHTS UNDER THE FAIR CREDIT REPORTING ACT, and STATE SPECIFIC RIGHTS OF APPLICANTS OR EMPLOYEES above.

Signature

Date (mm/dd/yyyy)



APPLICANT/CONSUMER INFORMATION

Please print legibly. This information will be used for background screening purposes only and will not be used as hiring criteria.

Last Name		First	Middle
Other Names/Aliases		Date of Birth (mm/dd/yyyy)	
Social Security Number	Driver's License Number	State Issued	Phone Number
Current Street Address		Current County	
Current City	Current State	Current Zip	

Please list all previous addresses within the last seven (7) years: (attach a separate sheet if necessary)

Street Address	City/State/Zip	County	Dates of Residence
Street Address	City/State/Zip	County	Dates of Residence
Street Address	City/State/Zip	County	Dates of Residence
Street Address	City/State/Zip	County	Dates of Residence

The above information is true and correct to the best of my knowledge. By signing below, I give The McDowell Agency, Inc. permission to perform an investigation into my background. If hired, this authorization is valid for the duration of my employment.

Signature	Date (mm/dd/yyyy)
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