VOLUNTEER APPLICATION

Signature of Applicant

Sundance Montessori School

Date

216 Natoma Street Folsom, CA 95630 (916) 985-6034

Sundance Montessori School, Inc. provides equal opportunity without regard to an applicant's race, color, gender, national origin, age, religion, disability, veteran status, or any other characteristic protected by federal, state, or local law. Date of Application ____/___/ PERSONAL INFORMATION Name _____ LAST **FIRST** M.I. Address___ **STREET CITY STATE** ZIP Telephone # __ **HOME** WORK **CELL** E-mail ___ Are you related to anyone working at Sundance Montessori School, Inc.? \square No Yes, please indicate: **NAME** RELATIONSHIP POSITION DESIRED Area where you would like to volunteer: Dates/Times Available: Have you ever volunteered here before? Yes No If yes, dates/position _____ How did you learn about our program? Referred by current employee (Name, Position): **BACKGROUND DATA** Yes Are you 18 years of age or older? No Are you able to perform the essential functions of the job for which you are applying, without a reasonable accommodation? Yes No Have you ever been convicted of a felony or misdemeanor? Yes No If yes, please explain _____ Are you currently released on bail, bond, or your own recognizance while awaiting trial for a criminal offense? No If yes, please explain _____ Yes