



VOLUNTEER APPLICATION

COPIES OF THE FOLLOWING DOCUMENTS ARE REQUIRED TO COMPLETE THIS APPLICATION:

1. ONE(1) OF THE FOLLOWING PHOTO IDENTIFICATIONS
VALID DRIVER'S LICENSE
VOTER'S REGISTRATION
U.S. PASSPORT
2. LOCAL POLICE REPORT
(WILL NOT BE ACCEPTED IF SIX MONTHS HAS PASSED SINCE LAST CHECK)

This completed application should be forwarded to the U.S. Virgin Islands Department of Education at either of the following addresses below:

**U.S. Virgin Islands Department of Education
Office of Human Resources**

**#2133 Hospital Street
Christiansted, VI 00820
Phone: (340) 773-1095
Fax: (340) 778- 8995
Attn: Director of Human Resources**

**1834 Kongens Gade
St. Thomas, VI 00802
Phone: (340) 774-0100
Fax: (340) 774-2915
Attn: Director of Human Resources**

PART I: PERSONAL INFORMATION (Print all information in black ink)

TODAY'S DATE

SOCIAL SECURITY NUMBER

LAST NAME

FIRST NAME

MI

MAILING ADDRESS

(City)

(State)

(Zip Code)

PHYSICAL ADDRESS

(City)

(State)

(Zip Code)

FORMER LAST NAME(S)

PHONE

(Home)

(Work)

AREA YOU ARE INTERESTED IN VOLUNTEERING _____

PRINCIPAL NAME/ SIGNATURE: _____

SCHOOL/ACT. CENTER

E-MAIL ADDRESS _____

IN CASE OF AN EMERGENCY, PLEASE CONTACT:

NAME: _____ PHONE (W) _____ (H) _____

INVESTIGATION CONSENT, RELEASE OF LIABILITY AND AGREEMENT FORM

1. I CERTIFY, that I have never been convicted of a felony, a crime of moral turpitude, an offense involving the physical molestation, physical or sexual abuse or rape of a child and that I have never been the subject of a founded case of child abuse and neglect.
2. Furthermore, I authorize the U.S. Virgin Islands Department of Education to conduct criminal background and authorize any institution to provide information regarding character and general reputation. I discharge the U.S. Virgin Islands Department of Education and those who provide information from any liability as a result of furnishing this information.
3. By submitting this application, I affirm that the facts set forth in it are true and complete. I understand that if I am accepted as a volunteer, any false statements, omissions, or other misrepresentations made by me on this application may result in my immediate dismissal.

Print Name

Signature

Date