

Name: _____

APPLICATION FOR VOLUNTEER POSITION

Safe Routes to School Crossing Guard Program

We consider applicants for all positions without regard to race, color, religion, sex, national origin, age, disability, familial status, marital status, or sexual orientation.

Please read all instructions carefully and answer all questions completely.

Type or print your answers in **BLACK** ink. If additional space is needed for any item on this form, entries should be continued on a separate sheet; number each entry to correspond to the number of the question on the form. Your name should be on each additional sheet. Be as specific as possible for all requested information. **Drop off or Mail your application to: Lt. Amber Dacek, Chagrin Falls Police Department, 21 W. Washington Street, Chagrin Falls OH 44022**

Position Applied For: VOLUNTEER CROSSING GUARD

Are you able to cover regular weekly shifts? Y N If yes, how many shifts per week? _____
Are you able to be a substitute? Y N

Please indicate if you are available to fill morning and/or afternoon positions on any/all days of the week (either as a sub or regular guard). Note: we are seeking applicants who can fill as many shifts as possible

Morning (between 7:45 and 8:15am): ALL week days _____
Or only the following days: Monday _____ Tuesday _____ Wednesday _____ Thursday _____ Friday _____

Afternoon (between 3:15 and 3:45pm): ALL week days _____
Or only the following days: Monday _____ Tuesday _____ Wednesday _____ Thursday _____ Friday _____

Do you have a car? _____ Yes _____ No
Do you have a cell phone? _____ Yes _____ No

Applicant Information:

Social Security Number: _____ - _____ - _____ (required for purposes of a background check)

Last Name _____ First Name _____ Initial _____

Address: _____

Telephone Numbers: Home () _____ Office () _____

Mobile () _____ e-mail _____

May we contact you at work regarding any volunteer schedule changes? YES NO

Person to contact in case of emergency:

Name: _____ Relationship to you: _____

Telephone Numbers: Home () _____ Office () _____

Mobile () _____

Name: _____

Have you ever worked in a crossing guard position? Yes No

If YES, Date(s) _____ City _____

School District _____

Work Experience: List below your most recent employment

Employer: _____

Name of Supervisor _____

Position: _____

Start and End Dates: _____

BACKGROUND INFORMATION:

1. Have you ever been convicted of a crime? (Exclude any offenses committed before your 18th birthday which were adjudicated in a Juvenile Court or committed and expunged under a Youth Offender Law or any traffic violations for which you only paid a fine.) Yes No

If yes, please explain:

2. Have you ever been convicted of a sexually-related crime which requires you to register as a sex offender? Yes No

3. Do you have a valid driver's license? Yes, State licensed in _____

If No, are you eligible to obtain a valid driver's license? Yes No

4. Why do you want to be a volunteer crossing guard?

MEDICAL INFORMATION:

Do you have any physical limitations we should know about? ___Yes ___No

If yes, please explain _____

Do you wear glasses? ___Yes ___No

Do you wear a hearing aid? ___Yes ___No

Do you have any allergies? ___Yes ___No If yes, what type _____

Related to the allergy you have, do you carry an allergy treatment kit with you? ___Yes ___No

Do you have any walking or standing limitations? ___Yes ___No

If yes, please explain: _____

Name: _____

Personal References:

Please list three persons who are not related to you and who you have knowledge of your qualifications.

1. Name:
Phone Number:
Length of time known:

2. Name:
Phone Number:
Length of time known:

3. Name:
Phone Number:
Length of time known:

PLEASE BE SURE TO SIGN YOUR APPLICATION

I hereby certify that this application is a complete record and that all entries given are true and accurate to the best of my knowledge. I understand that any attempt to practice deception or fraud in this application is grounds for disqualification. I consent to verification of all information contained of this application to include a criminal background check and I authorize them to contact my references and personal references to determine my qualifications for this volunteer position. I understand the position I am applying for is restricted to Chagrin Falls Exempted Schools located in Cuyahoga County and that I may not utilize the equipment for any purposes except for which it has been provided.

Print Name _____

Signature _____

Date signed _____