

1834 Kongens Gade St. Thomas, VI 00802 Phone: (340) 774-0100

21-33 Hospital Street Christiansted, St. Croix, VI 00820 Phone: (340) 773-1095 Facsimile: (340) 774-2915 | Facsimile: (340) 778-8995

OFFICE OF HUMAN RESOURCES www.vide.vi

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	FIRS	Г NAME		MI
MAIL	ING ADDRESS	(City)		(State)	(Zip Code)
PHYS	ICAL ADDRESS	(City))	(State)	(Zip Code)
FORM	MER LAST NAME(S)				
PHONE					
(Home) (Work)					
AREA	YOU ARE INTERESTED IN VOL	UNTEERIN	G		
REFERRED BY SCHOOL/ACT. CENTER					
E-MA	IL ADDRESS				
IN CA	SE OF AN EMERGENCY, PLEASE	E CONTACT	Γ:		
NAME: I		PHONE (W)		(H)	
	INVESTIGATION CONSENT	, RELEASI	E OF LIABILITY	AND AGREEM	ENT 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		Signatur	e		Date

Updated 10/28/14