



Czech and Slovak School Volunteer Application

Please submit a copy of your valid photo ID

Print and send application to: [Blanka Sylvester, Czech and Slovak School, 29-19 24th Ave., Astoria, NY 11102](#)

First Name _____ Last Name _____

Address _____ City _____ Zip _____

Phone # _____ Cell # _____

Email _____ Fax # _____

Date of Birth ____/____/____ Social Security Number ____/____/____

Place of Birth (City and State) _____

Sex: Male Female

Category Youth (20 yrs and under) Adult (21-61 yrs) Senior (62 yrs and over)

Driver's Licence # or Passport # _____ Issued by (state) _____

Native Language _____ Preferred Communication Language _____

Health Restrictions? If yes, explain _____

Person to contact in case of emergency _____ Phone # _____

Have you volunteered before? Yes No If yes, explain _____

Have you ever been convicted of any crime incl. child abuse? Yes No If yes, please describe (include date and type of conviction). Crimes include misdemeanors and felonies. Do not report minor traffic violations. Driving under the influence is not considered a minor traffic violation and it should be reported. _____

BY SIGNING THIS FORM, I AM AGREEING TO A BACKGROUND CHECK BY THE SCHOOL AND I UNDERSTAND THAT THIS IS AN OFFICIAL DOCUMENT. I AM GIVING TRUTHFUL INFORMATION AND UNDERSTAND THAT GIVING FALSE INFORMATION IS PUNISHABLE AS A MISDEMEANOR.

Signature _____

Date _____