Your Educational Partner of Choice
BOCES 2
Monroe 2 - Orleans Board of Cooperative Educational Services

Volunteer Program Application

Office Use Only

Start Date: _____ End Date: _____

Teacher/ Instructor: _____ Location/School: _____

Please complete the information below and send to either:

Human Resources Coordinator
BOCES 2 Volunteer Program
160 Wallace Way, Bldg.9
Rochester, NY 14624

OR

CWD Director
WEMOCO CTE Center
3589 Big Ridge Road
Spencerport, NY 14559

Name: _____
Last Name First Name Middle Initial

Address: _____
Street City

Telephone: _____
Daytime Cell E-mail

Indicate availability (check off days and indicate times you are able to volunteer:

Day	Hours/Times Available
☐ Monday	
☐ Tuesday	
☐ Wednesday	
☐ Thursday	
☐ Friday	

Indicate District(s) or program(s) you are interested in volunteering for:

☐ Brockport ☐ Churchville-Chili ☐ Gates Chili ☐ Greece ☐ Hilton

☐ Holley ☐ Kendall ☐ Literacy ☐ Spencerport ☐ Wheatland-Chili ☐ Other _____

Indicate LEVEL of classroom or program you would like to be placed:

☐ Preschool ☐ Elementary ☐ Intermediate
☐ Junior High ☐ Senior High ☐ Adult

Please identify a specific teacher, instructor, classroom, or program to volunteer in.

_____

Is the teacher/instructor/program aware of this request? _____

Volunteer Program Application

Indicate student disabilities you feel comfortable working with:

- ☐ Autism
- ☐ Deafness
- ☐ Deaf-Blindness
- ☐ Emotional Disability
- ☐ Visual Impairment Including Blindness
- ☐ Hearing Impairment
- ☐ Learning Disability
- ☐ Intellectual Disability
- ☐ Multiple Disabilities
- ☐ Orthopedic Impairment
- ☐ Other Health Impairment
- ☐ Speech-Language Impairment
- ☐ Traumatic Brain Injury

Indicate special training/previous experience in working with students with disabilities:

Please list educational experience:

School Name/Location	Degree	Major	Degree earned (yes/no/attending)

Have you ever been convicted of a felony or misdemeanor?

If yes, explain (date, location, and nature of the act): ☐ Yes ☐ No

Please list work experiences:

Employer Name	Dates	Position	Reason left

<u>Submit</u> two (2) mandatory letters of reference with this application, and list name, address and phone number of references below:

Name:		**Name:**	
Address:		**Address:**	
City:		**City:**	
Zip code:		**Zip code:**	
Phone:		**Phone:**	

3599 Big Ridge Road - Spencerport, NY 14559 - (585) 352-2400 - Fax (585)352-2796 - www.monroe2boces.org

Volunteer Program Application

I hereby certify that the information presented on this application is true, accurate and complete. Any falsification, misrepresentation or omission will be sufficient cause for BOCES not to use me as a volunteer. References and personal information, which become a part of this record, are to be regarded as confidential and will not be revealed to me. I knowingly and voluntarily release from any and all liability anyone giving information regarding me (whether in my application or not) so long as the information is relevant to my volunteer duties.

Signature: _____

Date: _____

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