



District Office
 Thomas A. Edison School
 2083 College Avenue
 Elmira Heights, NY 14903
 Mary Beth Fiore, Superintendent

Phone: (607) 734-7114
 Fax: (607) 734-7134
 CSE: (607) 733-8039
 Transportation: (607) 739-1358
www.heightsschools.com

RELEASE OF INFORMATION

I, _____, Residing at _____
 First Name MI Last Name Applicant's address

 city, state, zip

declare, subject to the penalties of perjury, that the statement made in this application have been examined by me and to the best of my knowledge and belief are true and correct.

I further authorize the release of any and all information about myself from any source deemed necessary, prior to being considered for appointment within the Elmira Heights Central School District. This release includes all or any one of the following: former employers, listed references, Central Registry for Child Abuse and Neglect, Chemung County Department of Social Services, Chemung County Sheriff's Department, local Police Departments, New York State Police and any police agency from areas of former residence.

I further state that to the best of my knowledge:

I **(have) or (have not)** ever been convicted of a crime **(misdemeanor / felony)** in this state or any
 Circle One Circle as applicable

other jurisdiction.

Only relevant information obtained through this investigation shall be considered for employment purposes.

 Date of Birth

 Applicant Signature

 Maiden and Previous Married Name(s)

 Today's Date

 Social Security #

 Witness Signature

▶ ▶ **PLEASE HAVE YOUR SIGNATURE WITNESSED BEFORE RETURNING** ◀ ◀
 Rev: Nov 2008

Enter with high expectations – leave with confidence and pride.



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Hold Harmless Agreement

_____ (insert name of participant) does hereby covenant and agree to release and hold harmless the Elmira Heights Central School District from and against any and all liability, loss, damages, claims or actions (including costs and attorneys' fees) for bodily injury and/or property damage, to the extent permissible by law, arising out of being a volunteer for the District.

I understand the activities I may be involved in as a volunteer may carry the risk of physical injury, and I assume these risks. I hereby consent to emergency transportation and treatment in the event of illness or injury. I hereby accept responsibility for the payment of any emergency transportation or treatment. I further certify that I am in good physical condition, and I have no medical or physical conditions that would restrict my participation in this activity.

Participant

Date

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