BOARD APPROVAL:
DATE: 5/18/2009

RESOLUTION:
09-075 ITEM 1.14

WESTFALL LOCAL SCHOOL DISTRICT
VOLUNTEER APPLICATION

_____	_____	_____
FIRST NAME	LAST NAME	DATE
_____	_____	_____
STREET	CITY	ZIP
_____	_____	_____
HOME PHONE	WORK PHONE	CELL PHONE

_____
E-MAIL

VOLUNTEER AREA (SPORT; CLASSROOM; CLUB)
_____

PAST VOLUNTEER ACTIVITIES: (SCHOOL OR COMMUNITY)
_____

_____

_____

DO YOU HAVE A PUPIL ACTIVITY SUPERVISORY PERMIT: _____ EXPIRES: _____

REFERENCES: (Please list name, address and phone number)

1. _____

2. _____

3. _____

I authorize the Westfall Local School District to contact my references and request/view my BCI/FBI background checks before approval to volunteer.

_____ _____
VOLUNTEER'S SIGNATURE DATE

I understand that as a volunteer I must maintain confidentiality to insure protection of student rights. I also understand that I will follow relevant Board policies and administrative guidelines while on duty for the District. I understand I am not an employee of the District and therefore not eligible for any employment benefits.

_____ _____
VOLUNTEER'S SIGNATURE DATE