

# Regulation

COMMUNITY RELATIONS

1003.1

## APPLICATION FOR VOLUNTEERS

### Personal Information

Date: \_\_\_\_\_

Name: \_\_\_\_\_  
(Last) (First) (Middle)

Address: \_\_\_\_\_  
(Street) (City) (State) (Zip)

Phone No.: \_\_\_\_\_  
(Home) (Work)

Have you ever been convicted of a crime? \_\_\_\_\_

**General:** What volunteer services are you willing to perform? \_\_\_\_\_

**Employer:** List below your current or last employer.

DATE, MONTH and YEAR	NAME and ADDRESS of EMPLOYER	POSITION
From:		
To:		

**References:** List below three persons, not related to you, whom you have known at least one year.

NAME	ADDRESS	YEARS ACQUAINTED

### Emergency Information

In case of emergency, please notify:

\_\_\_\_\_  
(Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Phone)

My signature below

1. Permits the Central Valley Central School District to contact any or all references listed if necessary.
2. Indicates that I have received and read Central Valley Central School District's Code of Conduct and Policies provided to me.

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

\*\*\*\*\*

**DO NOT WRITE BELOW THIS LINE – OFFICE USE ONLY**

\_\_\_\_\_  
(Signature of Coach or teacher volunteer to be working with)

\_\_\_\_\_  
(Date)

REMARKS: \_\_\_\_\_

\_\_\_\_\_  
Principal

\_\_\_\_\_  
Superintendent

\_\_\_\_\_  
Department Director  
(If applicable)

Approved: [ ]

Not Approved: [ ]

Central Valley Central School District

Approved by the Superintendent: 05/28/14, 9/12/18, 03/16/22