

FORM

2009/2018

3101-F

Community Relations

SCHOOL VOLUNTEER'S APPLICATION

Thank you for your willingness to volunteer in the Whitney Point Central School District. Volunteers support District instructional programs and extra-curricular activities in a variety of ways. To ensure we provide for the protection and safety of students, staff and volunteers, we request that you complete the information on this brief application and return it to your child's building principal.

Date _____

Name _____
(Last) (First) (Middle)Address _____
(Street) (City) (State) (Zip)Phone No. _____
(Home) (Work) (Cell)

Identify Volunteer services you are willing to perform: _____ Building(s): _____

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	TELEPHONE NUMBER AND/OR EMAIL ADDRESS

If you have current certification(s), please list.

Certification: CPR _____ Date _____
First Aid _____ Date _____**Emergency Information** In Case of emergency, please notify:

Name _____ Address _____ Phone _____

My signature below permits the District to contact any or all references listed if necessary.

Date _____ Signature _____

DO NOT WRITE BELOW THIS LINE – OFFICE USE ONLY

Administrator / Principal: _____ Date _____

REMARKS: _____

Recommended for Approval () Not Approved ()

A copy of completed application with reference information attached should be forwarded to the District Office.

Superintendent: _____ Date _____