## BUFFALO PUBLIC SCHOOLS APPLICATION FOR VOLUNTEERS

Personai II	mormation				
Date					
Name(Last)		(First) (Middle)		141.)	
A 11		. ,	`	(Middle)	
Phone No.	(Street)	(City)	(State)	(Zip)	
	(Home)		(Work)	(Work)	
General	What volunteer services are you willing to perform?				
Employer	List below your cu	rrent or last employer.			
DATE, MONTH AND YEAR		NAME AND ADDRESS OF EMPLOYER		POSITION	
From					
То					
References	s List below three pe	rsons, not related to you, v	vhom you have kno	wn at least one year.	
NAME		ADDRESS	YEA	RS ACQUAINTED	
Emergency	y <b>Information</b> In	case of emergency, please	notify:		
Name		Address		Phone	
My signatu	re below permits the I	District to contact any or al	l references listed if	necessary.	
Date		Signature			
*****		**************************************			
Reviewed by		Date			
	Appro	ved [ ] Not A <sub>1</sub>	pproved [ ]		