

# Central Valley Central School District

## APPLICATION FOR VOLUNTEERS

**Personal Information**

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

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

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

Phone Number: \_\_\_\_\_  
(Home) (Work) (Cell)

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 the Central Valley Central School District's policy 7401 on Child Abuse in an Educational Setting.

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

\*\*\*\*\*

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

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

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

**Required Signatures:** \_\_\_\_\_  
Athletic Director-Athletics Only Building Principal

**Superintendent:** Approved: [ ] Not Approved: [ ] \_\_\_\_\_ Date: \_\_\_\_\_  
Superintendent's signature