



**ELMIRA CITY SCHOOL DISTRICT
APPLICATION FOR VOLUNTEERS**

Personal Information

Date: _____ School _____

Name: _____
(Last) (First) (Middle)

Maiden Name if different from above or other name known by _____

Address _____
(Street) (City) (State) (Zip)

Phone Number: _____
(Home) (Cell)

General What volunteer services are you willing to perform? _____

Employer List below your current and last employer

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

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

NAME	ADDRESS/PHONE	YEARS ACQUAINTED

HAVE YOU EVER BEEN CONVICTED OF A CRIME? [] YES [] NO
 If yes, attach summary of details.

HAVE YOU EVER BEEN THE SUBJECT OF AN ORDER OF PROTECTION PROHIBITING YOU FROM HAVING CONTACT WITH DESIGNATED PERSON(S)? [] YES [] NO
 If yes, attach summary of details.

(Disclosure of a criminal record or protective order does not automatically disqualify you from volunteer consideration.)

Emergency Information In case of an emergency, please notify:

(Name) (Address) (Phone)

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

Date: _____ Signature _____



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VOLUNTEER ACKNOWLEDGEMENT

As an approved volunteer for the Elmira City School District, at all times while performing volunteer services, I agree to comply with all District policies and regulations and all lawful directives of District employees.

I agree not to disclose to anyone any information which I acquire while a volunteer without the prior approval of the District employee whom I am assisting or the building principal.

I agree not to ask any student, nor attempt to obtain in any other way, personal information regarding any student, including but not limited to a student's phone number(s), residence address, e-mail address, on line (internet) screen names and any other personal identifiable information.

Date: _____ Signature _____

DO NOT WRITE BELOW THIS LINE – OFFICE USE ONLY

Reviewed by [PRINCIPAL] _____ Date _____

REMARKS: _____

Approved []	Not Approved []
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Forwarded to CENTRAL ADMINISTRATION OFFICE

By _____ Date _____

Received by CENTRAL ADMINISTRATIVE OFFICE

By _____ Date _____

Superintendent's (or Designee's) action

Approved [] Not Approved []

Superintendent (Designee) Signature Date

Returned to _____
School Principal

By _____
Print Name Date