

West Perry School District

Unpaid Volunteer Application

Contact Information

Name	
Street Address	
City, State, Zip Code	
Primary Phone	
Work Phone	
E-Mail Address	

Availability and Building (check all that apply)

During which hours are you available and in which building(s) would you like to volunteer?

	Elementary:	Secondary:
<input type="checkbox"/> Morning	<input type="checkbox"/> Blain	<input type="checkbox"/> Middle School
<input type="checkbox"/> Afternoon	<input type="checkbox"/> Carroll	<input type="checkbox"/> High School
<input type="checkbox"/> Evening	<input type="checkbox"/> New Bloomfield	

Volunteer Interest (check all that apply)

Tell us in which areas you are interested in volunteering

<input type="checkbox"/> Athletic Coaches	<input type="checkbox"/> Trip - Band Chaperone
<input type="checkbox"/> Field Trips	<input type="checkbox"/> Trip - Travel - Chaperone
<input type="checkbox"/> Office Assistant	<input type="checkbox"/> Trip - Senior Trip - Chaperone
<input type="checkbox"/> Other: Please Specify _____	<input type="checkbox"/> Tutor

Additional Information

Have you ever volunteered in the West Perry School District before?

<input type="checkbox"/> Yes, please provide	Where: _____	When: _____
<input type="checkbox"/> No		

Do you have a child attending West Perry School District?

<input type="checkbox"/> Yes, please provide	School _____	Grade _____
<input type="checkbox"/> No		

Agreement and Signature

By submitting this application, I affirm that the facts set forth in it are true and complete and that I have read the volunteer policy 916. I understand that if I am accepted as a volunteer, any false statements, omissions, or other misrepresentations made by me on this application may result in my immediate dismissal.

Name (printed)	
Signature	
Date	

Person to Notify in Case of Emergency

Name	
Street Address	
City, State, Zip Code	
Primary Phone	
Work Phone	
E-Mail Address	

District Statement

It is the policy of West Perry School District to provide equal opportunities without regard to race, color, religion, national origin, gender, sexual preference, age or disability.

Requests to serve as a volunteer must be approved annually.

Thank you for completing this application form and for your interest in volunteering with us.

For District Use Only

Teacher/Coach/Advisor	
Athletic Director	
Principal	
Superintendent	
School Board Approval	
Act34 Clearance	
Act 151 Clearance	
Act 115 Clearance	
TB test	
Mandated Reporter Training	