

PENFIELD CENTRAL SCHOOL DISTRICT

PO BOX 900 • PENFIELD, NY 14526-0900

585-249-5700 • FAX: 595-248-8412

VOLUNTEER APPLICATION FORM

Instructions: Thank you for your interest in working with the children and staff of the Penfield Central School District. Please complete all portions of this application. If you have any questions regarding the completion of this form or your activities as a volunteer, please contact the building principal or Athletic Director.

Full Name: _____
Last First Middle

Home Phone No. _____ Daytime/Cell Phone No. _____ Emergency Contact Name and Phone No. _____

Home Address: _____
Street City State Zip Code

In what area(s) are you interested in volunteering? _____

Volunteer Assignment: _____

Date(s) of Service: _____

Education/Experience in the area(s) in which you are applying: _____

Are you CPR/AED certified? Yes Expiration Date: _____ No

Have you ever been convicted of a crime other than a routine traffic violation? Yes No

If yes, please give details: _____

References: Give the name, address and telephone number of three (3) references who are not related to you.

<u>Name</u>	<u>Address</u>	<u>Telephone No.</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

APPLICANT'S STATEMENT

I certify the answers given herein are true and complete to the best of my knowledge. I understand that I am not an employee of the Penfield Central School District. As a volunteer participant at the school, I agree to hold the School District, Board of Education, Administration, Faculty and Staff harmless from any and all claims for damage or liability as a direct or indirect result of my participation as a volunteer. I understand that I am required to abide by all rules and regulations of the District.

Signature of Applicant _____ Date _____

For Office Use Only:

Tier 1 Tier 2

Recommended for approval by:

a) Athletic Director (If sport related): _____

b) Principal (If classroom related): _____

Coach's Signature: _____

Approval by Administrator: _____

Volunteer responsibilities completed by: Coach-Athletics _____ Principal-Classroom _____