



Port Jervis

SCHOOL DISTRICT

Michael Rydell
Superintendent of Schools
9 Thompson Street
Port Jervis, New York 12771

Phone (845) 858-3100
Fax (845) 858-3265

PORT JERVIS CITY SCHOOL DISTRICT APPLICATION FOR VOLUNTEERS

Personal Information:

Date: _____ **School Year:** _____

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

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

Phone Number: _____
(Home) (Work)

General: Describe what volunteer services you will be performing. _____

School Building: ___ HS ___ MS ___ ASK ___ HBE

Have you ever been convicted of a crime? YES _____ NO _____

Emergency Information: In case of emergency, please notify:

(Name) (Address) (Phone)

DO NOT WRITE BELOW THIS LINE – OFFICE USE ONLY

Building Approval _____ Date _____ ___ Yes ___ No
(Principal's Signature)

District Approval _____ Date _____ ___ Yes ___ No
(ASI' Signature)

If Athletics: Athletic Department requirement checklist must be attached.