ALBION CENTRAL SCHOOL DISTRICT **3150F**
APPLICATION FOR VOLUNTEERS

Personal Information Teacher Name _____

Date _____ Student Name _____

Name _____
(Last) (First) (Middle)

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

Phone No. _____
(Home) (Work)

I am applying to:

Volunteer What volunteer services are you willing to perform? _____
With whom or what group will you be volunteering? _____

Chaperone (Approval is valid for current school year. You must sign up for specific trips when permission slips are distributed.)

Employer List below your current or last employer.

DATE, MONTH AND YEAR	NAME AND ADDRESS OF EMPLOYER	POSITION
From		
To		

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

Name	Mail Address:	( ) E-Mail Address:
Name	Mail Address:	( ) E-Mail Address:

Duration of volunteer assignment From_____ To_____

Emergency Information In case of emergency, please notify:

_____ _____ _____
Name Address Phone

My signature below permits the District to contact any or all references listed if necessary and verify that I am not on the sex offender registry.

Date _____ Signature _____

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DO NOT WRITE BELOW THIS LINE -- OFFICE USE ONLY

Reviewed by _____ Date _____
Building Principal

REMARKS: _____

Approved [ ] *Not Approved [ ]*

Please read important information on the back.