Springdale Elementary School

VOLUNTEER APPLICATION

(Required of All School Volunteers)

Thank you for your interest in volunteering at Springdale. Volunteers include anyone who attends and helps at any school or classroom event, including parties and celebrations. We appreciate your support of our students and teachers and your cooperation in filling out this application which is required in order for you to participate in these important events. Please be advised that information supplied on this form may be verified. Any individual supplying incorrect or misleading information will prohibit participation in volunteer programs. THANK YOU.

VOLUNTEER NAME:_____

STUDENT NAME:_____

RELATION TO STUDENT:_____

RESIDENTIAL ADDRESS_____

Street City State Zip

TELEPHONE #: WORK_____ **HOME**_____

E-MAIL:_____

CURRENT EMPLOYER_____ **TELEPHONE #**_____

Please list two references (not related to you):

1._____**Tel.#**_____

2._____ **Tel#**_____

Have you ever been convicted of any felony or misdemeanor classified as an offense against a person or family, public indecency, or a violation involving a state or federally controlled substance? Yes_____ **No**_____

Are you a registered sex offender in any state? Yes_____ **No**_____

I submit that the information provided is accurate and true and authorize any verification which maybe required.

_____ _____

Volunteer Signature **Date**

_____ _____

Parent or Guardian **Date**