



Sunnyside School District Volunteer Application

Please submit to: Family & Community Engagement Center
1110 South 6th Street, Sunnyside, WA 98944
(509) 836-8721

FOR EMPLOYEE USE ONLY

Employee Information

Full Legal Name: _____

First

Middle Initial

Last

Email Address: _____ Phone: _____

Emergency Contact Information

Name: _____ Phone: _____ Relationship: _____

Employee Work Site

- | | | |
|---|-------------------------------------|---------------------------------------|
| <input type="checkbox"/> Chief Kamiakin | <input type="checkbox"/> Pioneer | <input type="checkbox"/> Washington |
| <input type="checkbox"/> Outlook | <input type="checkbox"/> Harrison | <input type="checkbox"/> Sierra Vista |
| <input type="checkbox"/> High School | <input type="checkbox"/> Sun Valley | <input type="checkbox"/> Other: _____ |

School(s) where I wish to volunteer: _____ Date: _____

Name of child/student(s) at school, if any: _____

I understand that as a condition to volunteer in the Sunnyside School District, I freely accept and voluntarily assume the risks of personal injury or property damage that may result from my volunteer activities. I hereby agree to waive any and all claims arising out of any such injury or damage. I also understand that volunteers shall not discuss the performance, actions or other information about any student except with the student's teacher, school counselor or principal. Confidentiality pertains to both written and verbal statements.

Applicant Signature

Date

Office Use Only

- Approved
 Denied
 Restrictions _____

Signature

Date