

Monongalia County Authorized Volunteer/Chaperone Application

Date: _____ Activity: _____

Name: _____

Address: _____

Cell Phone: _____ E-mail: _____

Do you hold a Valid Teaching Certification: YES or NO, State: _____

Do you have a College degree, if so what type: _____

Current Employer: _____

Volunteer Experience:

Have you completed the Monongalia County Schools Volunteer Training Policy (including training questions): YES or NO

Completed Background Check on file at Board of Education: YES or NO

Current TB Tine Test on file at the school: YES or NO

Teacher/Band Director Approval Signature: _____

Principal's Approval Signature: _____

Volunteer/Chaperone Signature: _____