SCHOOL SUPPORT ORGANIZATION EVENT WORKERS

Name of School Support Organization: _____

Name/Type of Event: _____

The following individuals will be helping with the event(s):

Name of Person	Background Check Completed? Yes	Background Check Completed? No	Volunteer Agreement Completed? Yes	Volunteer Agreement Completed? No	Stipend to be Paid? Yes	Stipend to be Paid? No

_____
Signature of Organization Representative

_____ _____
Title of Representative Date