



211 West Water Street
 Flemingsburg, KY 41041
www.fleming.kyschools.us

Phone (606) 845-5851
 Fax (606) 849-3158

VOLUNTEER COMMITMENT FORM

(Please Print) Name: Mr./Ms./Mrs./Miss _____
 (Last) (First) (Middle Initial)

Address: _____ Birthday: ____/____/____
 (Month / Day/Year)

Home Phone: () _____ - _____ Work Phone: () _____ - _____ Other: () _____ - _____

Permanent Address (if different than above): _____

E-mail: _____

In the event of an emergency, call: _____ () _____ - _____
 (Name / Relationship) (Phone Number)

How were you referred to us: _____

I AM INTERESTED IN VOLUNTEERING IN THE FOLLOWING SCHOOL(S): (Please check all that apply)

- Fleming County High School
- Simons Middle School
- Flemingsburg Elementary
- Ewing Elementary
- Hillsboro Elementary
- Ward Elementary

Please list any experience, special skills, education, certifications or interests that you believe may be valuable to Fleming County Schools:

I AM INTERESTED IN VOLUNTEERING: (Please check your regular shift availability)

Time	Monday	Tuesday	Wednesday	Thursday	Friday
8:00 a.m. – 12:00 p.m					
11:00 a.m. – 3:00 pm.					

For the protection of our students, Fleming County Schools will perform criminal background checks on all approved volunteers working with children. The cost to the volunteer is \$10.00.

Driver's License # _____ - _____ - _____ Social Security # _____ - _____ - _____

I certify that the information contained in this application is correct to the best of my knowledge.

Volunteer Signature _____ Date _____

(Office Use Only)
 Date Recruited: _____ Date Trained: _____