



KEYSTONE CENTRAL
S C H O O L D I S T R I C T
RESPECT FOR YESTERDAY • PRIDE IN TODAY • PLANS FOR TOMORROW

VOLUNTEER APPLICATION
2023-2024

Volunteer's Full Name: _____
Last First Middle Initial

Mailing Address: _____
Street City State Zip

Phone Number: _____ **Email:** _____

School: _____ **Classroom/Grade:** _____

Child's Name: _____ **Teacher's Signature:** _____

Child's Name: _____ **Teacher's Signature:** _____

Child's Name: _____ **Teacher's Signature:** _____

Are you a district employee? YES NO Have you already been approved by the district to volunteer?

YES NO Please describe the purpose of your application:

Volunteer Signature: _____

Principal Signature: _____

Apply online at: <https://www.applitrack.com/kcsd/onlineapp/>