Stockbridge Valley Central School District SUPERINTENDENT'S REGULATION

COMMUNITY RELATIONS

6003.1

APPLICATION FOR VOLUNTEERS

Personal Information			
Date:			
Name:			
(Last)	(First)	(Middle)	(Date of Birth)
Address: (Street)	(City)	(State)	(Zip)
Phone No.:	(City)	(State)	(ZIP)
(Ho	ome)	(Work)	
Have you ever been convict	red of a crime?		
General: Purpose for	volunteering?		
T on post to	(Required)		
Employer List below	your current or last employer.		
DATE, MONTH and YEAR		PHONE NUMBER	POSITION
From:	EMPLOYER		
To:			
10.		I	
	three persons, not related to you, whom yo		
NAME	ADDRESS	PHONE NUMBER	YEARS
			ACQUAINTED
Emergency Information	In case of emergency, please notify:		
(Name) (Address)		(Phone)	
2. Indicates that I have recean Educational Setting. Date: ***********************************	Valley Central School District to contact a sived and read the Stockbridge Valley Cent Signature: ***********************************	ral School District's police	cy 7041 on Child Abuse in
REQUIRED SIGNATURE	ES:		
(Signature of Coach or teacher that volunteer will be working with) REMARKS:		(Date)	
		Approved: []	Not Approved: []
(Principal)	(Date)	Reference Ck Done [] Sex Offender Ck []
		Approved: []	Not Approved: []
(Superintendent of Schools)	(Date)		
Required Signature for Volu	inteer Coaches ONLY		
Tity of the state	(Athletic Dire	ector)	(Date)

Approved by the Superintendent: 08/12/14, 11/12/14, 01/12/16