



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
2024-2025

Volunteer's Full Name: _____

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: _____ Date: _____

Principal Signature: _____ Date: _____

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

Please send clearances to Elizabeth Nace, Personnel Secretary- enace@kcsd.k12.pa.us