



## Genesee Valley Central School Long Term Volunteer Application Form

**TO THE VOLUNTEER:** Thank you for volunteering again this school year to assist our school in its educational mission. Normal operating procedures require that volunteers be approved by the Board of Education.

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Home phone number: \_\_\_\_\_ Cell phone number: \_\_\_\_\_

Supervisor(s): \_\_\_\_\_

Volunteer Position: \_\_\_\_\_

Under the Supervision of (Staff Member): \_\_\_\_\_

Have you ever been convicted of a crime other than minor traffic violations? Yes or No  
If yes, please give details: \_\_\_\_\_

Do you have any objections to the school making inquiries about your character? Yes or No

Please list FOUR REFERENCES including your current employer (if applicable):

NAME	ADDRESS	TELEPHONE
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Athletic Director Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**-or-**

Principal's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Staff Member Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Volunteer – Please Note:** Please submit this application to the Athletic Director (if sports) or Building Principal. It will then be forwarded to the Superintendent's Office for Board of Education approval. Please contact the supervisor prior to volunteering to assure when you can start and that there are adequate duties ready for you. Once again, thank you for giving your time to the staff and students at GVCS!

Board of Education Approval Date: \_\_\_\_\_