

CATASAUQUA AREA SCHOOL DISTRICT

VOLUNTEER APPLICATION

SECTION 1

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

TELEPHONE # (     ) \_\_\_\_\_ SOC SECURITY # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

E-MAIL ADDRESS \_\_\_\_\_

SECTION 2

PLEASE CHECK OFF THE BUILDING(S) YOUR CHILD ATTENDS AND IN WHICH YOU WOULD LIKE TO VOLUNTEER:

\_\_\_\_\_ SHECKLER ELEMENTARY

\_\_\_\_\_ CMS

\_\_\_\_\_ CHS

Students Name(s) and Grade(s)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If you intend to volunteer, all paperwork must be submitted to the District Administration Office prior to volunteering. The district will ensure that the appropriate school buildings are notified that your volunteer application is complete.