

**BOLIVAR-RICHBURG SCHOOL DISTRICT
VOLUNTEER FORM**

Personal Information

Date _____

Name _____
(Last) (First) (Middle)

Address _____
(Street) (City) (State) (Zip)

Phone No. _____
(Home) (Work)

Parents/Guardians are welcome to volunteer dependent on the teacher's schedule.

PLEASE CHECK: M____ T____ W____ TH____ F____ **TIME:** _____

Employer List below your current or last employer.

DATE, MONTH AND YEAR	NAME & ADDRESS OF EMPLOYER	POSITION
From:		
To:		

References List below two persons, not related to you, whom you have known at least one year.

NAME	ADDRESS	YEARS ACQUAINTED

Emergency Information In case of emergency, please notify:

(Name) (Address) (Phone)

By signing below, I agree to abide by all District policies and my signature permits the District to contact any or all references listed if necessary.

Date _____ Signature _____

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DO NOT WRITE BELOW THIS LINE—OFFICE USE ONLY

Reviewed by _____ Date _____

REMARKS:

Approved []

Not Approved []