SOUTH EUCLID–LYNDHURST SCHOOLS

SE-L SHOOL DISTRICT VOLUNTEER APPLICATION
2025-2026

Check here if you volunteered in SEL during the 2024-2025 school year. _____

Last Name:_____First Name: _____

Email address:_____Primary phone number: _____

Home address: _____
Street City Zip

Name of church, college, etc. affiliation (or N/A):_____

At which school(s) would you prefer to volunteer?
Rank your top 3 choices by indicating 1st, 2nd, 3rd.

_____Charles F. Brush High (Grades 9-12)
_____Memorial Junior High (Grades 7-8)
_____Greenview Campus (Grades 4-6)
_____Adrian Elementary (Grades K-3)
_____Rowland Elementary (Grades PreK-3)
_____Sunview Elementary (Grades K-3)

Which days of the week are you available to volunteer?
Do you prefer morning or afternoon? (Circle below)

Monday	AM	PM	Either
Tuesday	AM	PM	Either
Wednesday	AM	PM	Either
Thursday	AM	PM	Either
Friday	AM	PM	Either

Any day/Any time

Previous school volunteer experience (circle): NO YES

If yes, please describe: _____

List any special talents, hobbies or interests: _____

_____

Additional information to assist with the placement process (e.g. Current employment, former career, prior work with children, etc.): _____

_____

Person to be contacted in case of an emergency while volunteering:

Name:_____Relationship:_____Phone: _____

I have read and understand the *SELSD Volunteers FAQ*.

I have read and understand the South Euclid Lyndhurst Schools *Board Policies* regarding volunteers.

I release the South Euclid Lyndhurst Schools of any obligation should there be an illness or injury as a result of my volunteer services.

Signature: _____ Date: _____

Central Office Use Only
Current BCI/FBI: Date_____
Board approved: Date_____

Revised 7/15/25 mb