



Genesee Valley Central School Long Term Volunteer Application Form

TO THE VOLUNTEER: Thank you for volunteering 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: _____

Volunteer Position: _____

List the name of the Supervising Coach/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
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Coach or Staff Member Signature: _____ Date: _____

Athletic Director Signature: _____ Date: _____

-or-

Principal's Signature: _____ Date: _____

Volunteer Notice: Please submit this application to either the Athletic Director (sports related) or Building Principal (for other activities). It will then be forwarded to the Superintendent's Office for Board of Education approval. Prior to beginning, please contact the supervisor to confirm your start date and to assure that sufficient duties are available. Thank you for your time and commitment to supporting the staff and students at GVCS!

Board of Education Approval Date: _____