



Genesee Valley Central School Returning 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: _____

Volunteer Position: _____

Name of Supervising Coach or Staff Member: _____

Volunteer Signature: _____ Date: _____

Coach or Staff Member Signature: _____ Date: _____

Athletic Director Signature: _____ Date: _____

- or -

Principal's 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: _____