WATERLOO CENTRAL SCHOOL DISTRICT

APPLICATION FOR VOLUNTEERS

A completed volunteer application and signed confidentiality agreement should be given to the building Principal. Applications must be completed annually to volunteer in the district. WCSD employees do NOT need to fill out an application.

Applicant Information

Name: _____ **Date:** _____
First *Last*

Address: _____

Phone: _____ **Email:** _____

Have you ever been convicted of a crime? ☐ YES ☐ NO If yes, explain: _____

_____

Allergies and/or physical, mental or emotional conditions a school should be aware of: _____

_____

Why are you interested in volunteering with Waterloo Central School District? _____

_____

References

You are required to provide three (3) NON FAMILY MEMBER character references.
(please list name, phone number, relationship)

1. _____
2. _____
3. _____

Proof of Medical Coverage

In order to be a volunteer, **the district requires that all volunteers have health insurance coverage**. The district carries, as a supplement only and not as a substitute, a personal injury coverage limited to under $10,000 and requiring any treatment to be completed within one (1) year of the injury.

Health Insurance Carrier _____ Policy Number _____

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Emergency Contact Information

Name: _____ Phone: _____

Address: _____ Relationship: _____

Availability (Check all that Apply)

I would like to Volunteer in:

☐ Skoi Yase School ☐ Lafayette School ☐ Middle School ☐ High School

I would like to volunteer on:

☐ Monday ☐ Tuesday ☐ Wednesday ☐ Thursday ☐ Friday ☐ Saturday/Sunday

I am available to volunteer:

☐ Morning ☐ Afternoon ☐ Other

I would like to volunteer for:

☐ Field Trips ☐ Classroom Helper ☐ Classroom Parties ☐ Sports/Other Events ☐ Other

_____ (Please provide details if applicable)

Additional Volunteer Information

Are you CPR/AED Certified? ____Yes- Expiration Date: _____ ____No

May Waterloo Central School District use your name or photo in a standard news release about the volunteer program? ☐ Yes ☐ No

Disclaimer and Signature (REQUIRED)

Signature: _____ Date: _____

I certify that my answers are true and complete to the best of my knowledge.

Please return forms to:

Skoi Yase Primary School
65 Fayette Street
Waterloo, NY 13165
Phone: 315-539-1520
Fax: 315-539-1527

Lafayette Intermediate School
71 Inslee Street
Waterloo, NY 13165
Phone: 315-539-1530
Fax: 315-539-1529

Waterloo Middle School
65 Center Street
Waterloo, NY 13165
Phone: 315-539-1540
Fax: 315-539-1534

Waterloo Senior High School
96 Stark Street
Waterloo, NY 13165
Phone: 315-539-1550
Fax: 315-539-1536

Thank you for volunteering!

Principal Approval: _____ Date: _____

Superintendent Approval: _____ Date: _____

Office use only:
___REF 1 ___REF 2 _ REF 3 _____Confidentiality Agreement _____Board Approved Date