

## APPLICATION FOR VOLUNTEERS

Name	Date	Date		
Street Address	Phone(s)	Phone(s)  Email		
City, State, Zip	Email			
AM WILLING TO VOLUNTEER	FOR: (check all that apply)	)		
<ul> <li>□ Athletics</li> <li>□ Music Department</li> <li>□ Walberta Park School</li> <li>□ Cherry Road School</li> <li>□ Onondaga Hill Middle School</li> <li>□ Westhill High School</li> </ul>				
WORK EXPERIENCE (List your cur	rent or last employer.)			
Employer/Location	Dates	Position		
REFERENCES (List three persons, no Name	t related to you, whom you hat Address	ave known at least one year.)  Years Acquainted		
EMERGENCY INFORMATION - 1	n case of emergency, please	notify:		
Name	Address	Phone		
My signature below permits the District	to contact any or all reference	es listed, if necessary.		
Signature		Date		

DO NOT WRITE BELOW THIS LINE – OFFICE USE ONLY				
<ul><li>□ Recommended</li><li>□ Not Recommended</li></ul>				
Building Principal/Supervisor:	Signature	Date		
REMARKS:				
BOE Approval Date:				