

Building Assignment: _____
Date: _____

School Volunteer Information Form

Date: _____ School _____

Personal Information

Name: _____
(Last) (First) (Middle)

Address: _____
(Street) (City) (State) (Zip)

Phone Numbers: _____ (Home) _____ (Cell)

Please describe the nature of your interest in volunteering in the Hamburg CSD and some of the duties that you are willing to perform.

Emergency Contact Information

In the case of an emergency, the Hamburg Central School District should contact:

1. NAME _____ Relationship _____ Phone # _____

2. NAME _____ Relationship _____ Phone # _____

If you chose to share any other emergency information with us in order to better assist you in the case of an accident, health situation, etc., you may provide it on the lines below.

References

List below three persons who are not related to you, but who have knowledge of your professional or personal character for at least 1 year.

Name	Address/Phone #	Role	Years Known
1.			
2.			
3.			

Have you ever been approved in the Hamburg Central School District as a School Volunteer? Y N

If Yes, what building(s): (Circle all the apply) AES BVS CAS UPES HMS HHS

Have you ever been convicted of a crime or felony (do not include minor traffic violations)? Y N

If "Yes," please explain: _____

My signature below authorizes the Hamburg Central School District to contact references. My signature also confirms that my work as a school volunteer adheres to the policies, procedures, and Code of Conduct of the Hamburg Central School District.

Date: _____

Signature: _____

*****Office Use Only*****

1. School Volunteer Interview with Principal: Date: _____ Time: _____

Approved Not Approved Remarks: _____

Classroom or location assigned to work as a volunteer: _____

2. School Volunteer Training with Principal: Date: _____ Time: _____

3. Signature of Principal: _____ School: _____

4. Signature of Assistant Superintendent: _____ Date: _____

5. Board of Education Approval Date: _____