

**VOLUNTEER APPLICATION FORM**

**LAST NAME:** \_\_\_\_\_

**FIRST NAME:** \_\_\_\_\_

**MIDDLE INITIAL:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_  
(street address) (city) (state) (zip code)

**PHONE NUMBER:** \_\_\_\_\_  
(home) (cell)

**SCHOOL/DEPARTMENT VOLUNTEERING FOR:** \_\_\_\_\_

**WHAT SERVICES WILL YOU BE PROVIDING AS A VOLUNTEER?:**  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**PRINCIPAL/ADMINISTRATOR APPROVAL:** \_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)

**The following information is necessary to obtain a criminal background check on you which is a requirement to volunteer in our school district. Your signature below authorizes Human Resources to obtain the criminal background check.**

**RACIAL GROUP:** White/Caucasian \_\_\_\_\_ Black/African-American \_\_\_\_\_  
Asian \_\_\_\_\_ Native Hawaiian/Other Pacific Islander \_\_\_\_\_  
American Indian or Alaska Native \_\_\_\_\_

**GENDER:** Male \_\_\_\_\_ Female \_\_\_\_\_

**DATE OF BIRTH:** Month \_\_\_\_\_ Date \_\_\_\_\_ Year \_\_\_\_\_

**VOLUNTEER'S SIGNATURE:** \_\_\_\_\_ **Date** \_\_\_\_\_

**A PERSON CANNOT VOLUNTEER UNTIL APPROVAL IS RECEIVED BY HUMAN RESOURCES**

Office Use Only:  
ICHAT performed on \_\_\_\_\_ by \_\_\_\_\_  
Principal/Administrator informed on \_\_\_\_\_