

## School Volunteer Information Form

Date: \_\_\_\_\_

### 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.

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### 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.

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### 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 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: \_\_\_\_\_
2. School Volunteer Training with Principal:      Date: \_\_\_\_\_      Time: \_\_\_\_\_
3. Signature of Principal: \_\_\_\_\_      School: \_\_\_\_\_
4. Signature of Assistant Superintendent: \_\_\_\_\_      Date: \_\_\_\_\_