

AUBURN ENLARGED CITY SCHOOL DISTRICT Application for Volunteers



PERSONAL INFORMATION

Jate	Social Seci	urity Number				
Name						
Address	Last	First		Middle		
address	Street	City		State	Zip code	
Phone Number _					•	
	Home	Work				
If yes, attach summa consideration. You Do you have any pl are applying? Ye	ary of details. Disclosure r case will be judged on i hysical, mental or medica s	OLATING ANY LAW (EXCEPT TI of a criminal record does not au ts own merits. Il impairments which would inter	tomatically disqualify	you from voluntee		
GENERAL						
What volunteer se	rvices are you willing	to perform?		***************************************		
EMPLOYER		· · · · · · · · · · · · · · · · · · ·				
	rrent or last employe	r.				
Date - Month and Ye		d Address of Employer	T	Position		
From						
То						
REFERENCES					•	
List below three pe	ersons not related to	you, whom you have know	n at least a year.			
1	Name	Address	3	Phone #	Years Acquainted	
					ricquarricc	
	<u>-</u>					
EMERGENCY INFO	ORMATION					
	ncy, please notify:					
Name Ad		Address		Phone Number		
AUTHORIZATIO						
l authorize investig	gation on all statemer	nts contained in this applica	ition.			
Date Date		Signature				
		OO NOT WRITE BELOW THIS LINE - OF	EICE LISE ONLY			
		ON THE PERON THIS LINE - OF	ICL OOL OINE			
Reviewed by Building Date	Principal			Central Office Use	Only	
			[Approved	Denied	
REMARKS:						