



CIRCLE THE SCHOOL YOU ARE REQUESTING APPROVAL TO VOLUNTEER AT

AHS AJHS Casey Park Genesee Herman Owasco Seward

PTO/PTA Volunteer: Yes _____ No _____

Date: _____ Email: _____ Phone Number: _____ Cell: _____ Work: _____

Name: _____ Address: _____

City: _____ State: _____ Zip Code: _____ Social Security Number: _____

Employer Name: _____ Address: _____ Position: _____

Emergency Contact Name: _____ Emergency Contact Phone Number: _____

List 2 References

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

Child(ren) name and relation at the school you are requesting to volunteer at: _____

What volunteer services are you willing to perform: _____

Have you ever been convicted of violating any law (except traffic violations)? Yes _____ No _____

If yes, attach a summary of details. Disclosure of a criminal record does not automatically disqualify you from volunteer consideration. Your case will be judged on its own merits.

Do you have any physical, mental or medical impairments which would interfere with your ability to perform the job for which you are applying to volunteer for? Yes _____ No _____

If any, please explain: _____

My signature below authorized the Auburn Enlarged City School District to contact references. My signature also confirms that my work as a volunteer adheres to the policies, procedures, in the Code of Conduct of the Auburn Enlarged City School District. The Code of Conduct can be found at: www.aecsd.education under District and Forms

Signature Date

-----OFFICE USE ONLY-----

Reviewed by Building Principal _____

Date: _____ Approved _____ Denied _____

Additional Notes: _____