CLYDE-SAVANNAH CENTRAL SCHOOL DISTRICT

<u>APPLICATION FOR VOLUNTEERS</u>

ALL VOLUNTEERS <u>MUST</u> REPORT TO THEIR RESPECTIVE MAIN OFFICE AND HAVE ID SCANNED NEEDED FOR CLEARANCE/FINAL

APPROVAL							
Personal Informa	ation			B			
<u>Name</u>	Last	First		<u>Date</u>			
Address							
Street		City		State		Zip	
Phone number							
	Home		Work		Cell		
	services are you wi						
Grade Level	or	District					
<u>EMPLOYER</u>	List below your	current or last employer.					
DATE, MONTH A	ND YEAR	NAME, ADDRESS AND PHO	NE # OF EMPLOY	/ER	POSITION	ON	
FROM:							
TO:							
REFERENCES	List below three	persons, not related to you, v	vhom vou have k	nown at least one v	ear.		
NAME		ADDRESS	P	PHONE NUMBER REQUIRED		YEARS ACQUAINTED	
				LEQUINED			
EMERGENCY INF	ORMATION In case	e of emergency, please notify:	1		ı		
Name		Address		Phor	ne numbe	er	
My signature bel	ow permits to the	District to contact any or all re	eferences listed.			DPY OF YOUR DRIVE	
				TELASE ATTA	ich A cc	or rook barvi	
Signature			Date				
			OFFICE USE ONL				
REFERENCE CON	TACTED			ID SCANNED_			
			<u> </u>	·			
APPROVED	NOT A	PPROVED	_				
ADMINISTRATOR SIGNATURE				DATE			