

CHERRY VALLEY-SPRINGFIELD CSD
Volunteer Application Form
 (To be completed annually)

FOR VOLUNTEERS WHO ASSIST SCHOOL PROGRAMS OR ACTIVITIES ON A REGULAR BASIS

Thank you for your interest in being a volunteer at the Cherry Valley-Springfield CSD. Please provide the following information:

Name: _____ Address: _____

Home Telephone Number: _____ Work Telephone Number: _____

Days and Times Available to Volunteer: _____

Area of Volunteer Interest: _____

Special Skills or Certifications (CPR, First Aid, AED, etc.) _____

Volunteers at Cherry Valley-Springfield CSD are expected to:

- Sign in and out at the Main Office
- Wear their Visitor Tag while in the school building
- Maintain confidentiality regarding student records and communications
- Abide by the District's Code of Conduct. A copy of the Code is attached.

I hereby affirm that I have no criminal convictions and that I am of good moral character. I authorize the District to contact the following non-family personal references regarding my background and good moral character:

Name: _____ Name: _____

Address: _____ Address: _____

Phone: _____ Phone: _____

Name: _____

Address: _____

Phone: _____

I attest that the information provided on this volunteer application is true and correct and I agree to abide by the expectations outlined. I have received a copy of the Code of Conduct. I understand that my services may be terminated at any time without cause.

 Signature Print Name Date

 Teacher's Signature

 Principal's Signature

 Superintendent's Signature