

Coquille School District 8

Code: **ICC-AR**
Adopted: 12/14/92
Readopted: 6/23/97, 4/14/2008
Orig. Code(s): None

VOLUNTEER INFORMATION FORM

Name: _____ Home Phone: _____

Address: _____ Work Phone: _____

References (Non-Family)

Name: _____ Phone: _____

Name: _____ Phone: _____

Work References

Employer: _____ Phone: _____

Employer: _____ Phone: _____

Volunteer Experience

Kind of Service: _____ Organization: _____

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Please describe how you would like to volunteer service to the school and which school:

Notice of Participation

I understand that my volunteering in the Coquille School District is a service I am offering. When I am a volunteer, the principal of the school is responsible for determining my role in the classroom or activity program. As an adult working with children and young people, I am a role model. In signing below, I authorize the Coquille School District to contact employers and references (including those not listed) to determine and validate my capabilities as a volunteer or verifying the information provided on this application. The Coquille School District reserves the right to refuse or terminate any volunteer services.

Signature _____

Date: _____

Note: A Criminal History Verification of all applicants is part of this application.