



# EDWARDS-KNOX CENTRAL SCHOOL

P.O. Box 630, Russell, NY 13684

(315) 562-8326

## APPLICATION FOR VOLUNTEERS

### Personal Information

Date \_\_\_\_\_

Name \_\_\_\_\_  
\_\_\_\_\_ (Last) \_\_\_\_\_ (First) \_\_\_\_\_ (Middle)

Address \_\_\_\_\_  
\_\_\_\_\_ (Street) \_\_\_\_\_ (City) \_\_\_\_\_ (State) \_\_\_\_\_ (Zip)

Telephone No. \_\_\_\_\_ / \_\_\_\_\_  
\_\_\_\_\_ (Home) \_\_\_\_\_ (Work)

### General

What volunteer services are you willing to perform? \_\_\_\_\_

Have you ever been convicted of a felony? \_\_\_\_\_ If yes, please explain: \_\_\_\_\_

### Employer List below your current, or last employer:

DATE, MONTH AND YEAR	NAME AND ADDRESS OF EMPLOYER	POSITION
From		
To		

### References List below three persons not related to you, whom you have known at least one year.

NAME	ADDRESS & TELEPHONE NO.	YEARS ACQUAINTED

### Emergency Information In case of emergency, please notify:

Name \_\_\_\_\_ Address \_\_\_\_\_ Telephone \_\_\_\_\_

My signature below permits the District to contact any or all references listed and perform a background check, if necessary.

Date \_\_\_\_\_ Signature \_\_\_\_\_

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**DO NOT WRITE BELOW THIS LINE - - OFFICE USE ONLY**

Reviewed by \_\_\_\_\_ Date \_\_\_\_\_

REMARKS: \_\_\_\_\_

Approved <input type="checkbox"/>	Not Approved <input type="checkbox"/>
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