

SCHOOL VOLUNTEER APPLICATION

The Wappingers Central School District deeply respects and encourages the many efforts of our exceptional volunteers who give so willingly of their time to the students and staff of our schools.

Name:		Date:
Address:		
Telephone Numbers: Home:	Cell:	Work:
Email Address:		
Emergency Contact Name & Telephone Number(s))	
References:		Activity/Program(s)
1Name, Address, Telephone Number(s)		
2. Name, Address, Telephone Number(s)		
crime (excluding minor traffic violations ne	d committing, pleade ot involving alcohol leged misconduct or	d no contest, or are you awaiting trial for any or drugs)? Yes No other alleged grounds for discipline by any
I will inform the WCSD Office of Human Resource number 1 or 2 becomes applicable.	es within three days i	f, during my tenure as a volunteer, question
I have read the Wappingers Central School District understand that the Board of Education can termin including for any instance of elevating the interests	nate my services as a	volunteer at any time, with or without cause,
Applicant's Signature & Date		
Return completed application to the Principal of the sch	cool/Coordinator of the	program in which you wish to volunteer.
PLEASE DO NO	OT WRITE BELOW T	THIS LINE
Name of Supervising Administrator/Principal/ Si Principal's Designee/Coordinator	ignature	/ Date