

Revised: 11/04/08

**Palermo School District
Volunteer Application Form**

Thank you for volunteering. We value parent and community volunteers. To ensure the safety of students, volunteers must be screened. Note: This application must be submitted two weeks prior to the event or activity.

Name _____

Phone _____

Street _____

City _____

Date(s) of volunteer service _____ Ongoing activity? Yes No
Activity for which you want to volunteer: _____

Teacher Supervising Activity: _____

Are you related to any student(s) involved in activity?

Student _____ Relationship _____

Student _____ Relationship _____

References

Name: _____

Phone _____

Name: _____

Phone _____

Name: _____

Phone _____

Convictions

Ever been convicted of a (circle) Felony? Yes No Misdemeanor? Yes No
If yes, why were you convicted?

Medication(s)

Are you currently taking any medications or remedies that affect judgment or ability to react? Yes No

Volunteer Signature _____

Office use only: _____ Approved for specific activity
_____ Approved for ongoing volunteer service
_____ Fingerprint Test required
_____ Tuberculosis Test required

Administrator/designee _____

Date _____