New Lebanon Central School District 14665 Route 22 | New Lebanon, NY 12125 | 518.794.7600

INDIVIDUAL VOLUNTEER APPLICATION

A. Applicant Information	on					
Name: (First, MI, Last)		Telephone:				
				(Home / C	Cell)	
Address: (No. and Street)				Email Address:		
City, State, Zip Code:						
B. If a volunteer is won District, they must fill volunteers may skip Sect	out the questions l					
Have you ever been convic misdemeanor) other than a offender status or a sealed of			□ Yes	□ No		
Are you currently subject to	for any crin	ne?	□Yes	□ No		
If you answered "yes" to e separate sheet. None of th Each case is considered and of the position(s) for which	e above circumstances i d evaluated on individua	epresents a	ın au	tomatic bar	to volunteer	r for work.
C. Emergency Contact						
Name:		Daytime Telephone Number:				
D. Are You Under 18 Years of Age? (If yes, a parent or guardian must sign below.)		□ Yes	Date	e of Birth:	(mm/dd	/yyyy)
PARENT/GUARDIAN PE	RMISSION (Only if Vol	lunteer is ur	nder 1	18 years of	age)	
Print Name:		Signature:				
Relationship to Volunteer:		Date:				
I certify that the answers of knowledge and belief and termination of volunteer ser	d that a false statement					
Volunteer's Signature:		Date:				
A photocopy of the volunte be driving a District vehicle	er's driver license must le to perform activities for	be attached the Distric	to th	is application	on if the volu	nteer will

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E. Areas of Interest	
What volunteer activities are you interested in?	
D 11 110 1	1
Describe any qualifications or experience you may	have.
F. Remarks or additional information:	☐ Additional information attached.
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	□ Additional information attached.
In District Only:	□ Additional information attached.
In District Only:	□ Additional information attached. Date

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