

Lancaster Community School District

Personnel

LANCASTER COMMUNITY SCHOOL DISTRICT SCHOOL VOLUNTEER APPLICATION

Please return this form to the school where you would like to volunteer. If you have any questions, please contact the Principal or Activities Director.

Name _____
First Middle Last (Maiden or any other name used)

Date of Birth: _____(Needed for background check)

Social Security Number: _____(Needed for background check)

Address: _____
Street City State Zip Code

Phone: (Home) _____(Work)_____

(Cell) _____

I understand that the Lancaster Community School District will need to conduct a background check and I authorize them to do so.

I understand that as a volunteer, I am not entitled to any form of compensation for my services to the Lancaster Community School District. I understand that I am expected to follow the rules of conduct for the school district and that my volunteer services can be ended at any time. I cannot start my volunteer service until my background check has been cleared and I have the approval of the building Principal and/or Activities Director.

Volunteer signature: _____Date: _____

Approved: September 10, 2008