



AUBURN ENLARGED CITY SCHOOL DISTRICT
Application for Volunteers



PERSONAL INFORMATION

Date _____ Social Security Number _____

Name _____
Last
First
Middle

Address _____
Street
City
State
Zip code

Phone Number _____ / _____
Home
Work

HAVE YOU EVER BEEN CONVICTED OF VIOLATING ANY LAW (EXCEPT TRAFFIC VIOLATIONS)? Yes No
 If yes, attach summary of details. Disclosure of a criminal record does not automatically disqualify you from volunteer consideration. Your case will be judged on its own merits.
 Do you have any physical, mental or medical impairments which would interfere with your ability to perform the job for which you are applying? Yes No
 If any, please explain: _____

GENERAL

What volunteer services are you willing to perform? _____

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 a year.

Name	Address	Phone #	Years Acquainted

EMERGENCY INFORMATION

In case of emergency, please notify:

_____ Name _____ Address _____ Phone Number _____

AUTHORIZATION

I authorize investigation on all statements contained in this application.

_____ Date _____ Signature _____

DO NOT WRITE BELOW THIS LINE - OFFICE USE ONLY

Reviewed by Building Principal _____

Date _____

Central Office Use Only
 Approved Denied

REMARKS: _____