

Waterloo Central School District

SCHOOL VOLUNTEER INFORMATION FORM

Waterloo Central School sincerely appreciates the contributions of the many volunteers who provide valuable service to our district. In order to be a volunteer, the district requires that volunteers have health insurance coverage. The district carries, as a supplement only and not as a substitute, a personal injury coverage limited to under \$10,000 and requiring any treatment to be completed within one (1) year of the injury. We can also assure parents that we have made efforts to know that school volunteers present no dangers to their children. Thank you for completing this form.

Name:	Date:
Address:	
Phone Number:	
Health Insurance Carrier	Policy Number
Names & Grades of Children attending Waterloo Schools:	
<u>Please list name and phone numbers for three character references:</u>	
1	Phone
2	Phone
3	Phone
Name and phone number we can contact in the event you become ill or injured while serving as a volunteer:	Phone
Please describe any physical, mental or emotional condition about which school administrators should have knowledge:	
Please list any special skills, hobbies or experiences which may contribute to your services as a volunteer:	
Please describe specific school activities for which you wish to volunteer:	
<u>Volunteer Signature:</u>	
<i>Approved by</i> <i>School Representative:</i>	
<i>Date:</i>	