



Volunteer Application

Applicant Information

Name: _____ Date: _____
First Last

Former Name: _____
First Last

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Phone: _____ Email: _____ Birthdate: _____

Have you ever been convicted of a crime? ___YES ___NO If yes, explain: _____

Allergies and/or physical, mental or emotional conditions a school should be aware of: _____

Why are you interested in volunteering with Waterloo Central School District? _____

References

You are required to provide three (3) character references. (please list name, phone number, relationship)

1. _____
2. _____
3. _____

Proof of Medical Coverage

In order to be a volunteer, **the district requires that all 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.

Health Insurance Carrier _____ Policy Number _____

Emergency Contact Information

Name: _____ Phone: _____
Address: _____ Relationship: _____

Availability (Check all that Apply)

I would like to Volunteer in:

Skoi Yase School Lafayette School Middle School High School

I would like to Volunteer in:

any place needed only in My Child's Classroom Other

(Please specify Child's Classroom or Other)

I would like to volunteer on:

Monday Tuesday Wednesday Thursday Friday Saturday/Sunday

I am available to volunteer:

Morning Afternoon Other

I would like to volunteer for:

Field Trips Classroom Helper Classroom Parties Sports/Other Events Other

Additional Volunteer Information

Education Level: Elementary High School College

Occupation: _____

May Waterloo Central School District use your name or photo in a standard news release about the volunteer program? Yes No

***The information below is OPTIONAL and is requested for statistical purposes only. It will be held strictly confidential. Participant statistics are used in applications for grant funding. ***

Gender: Male Female

Marital Status: Single Married Widowed Divorced

Ethnicity: Asian African-American Hispanic Native American White Other

Disclaimer and Signature (REQUIRED)

I certify that my answers are true and complete to the best of my knowledge.

Signature: _____ Date: _____

Please return forms to:

Skoi Yase Primary School
65 Fayette Street
Waterloo, NY 13165
Phone: 315-539-1520
Fax: 315-539-1527

Lafayette Intermediate School
71 Inslee Street
Waterloo, NY 13165
Phone: 315-539-1530
Fax: 315-539-1529

Waterloo Middle School
65 Center Street
Waterloo, NY 13165
Phone: 315-539-1540
Fax: 315-539-1534

Waterloo Senior High School
96 Stark Street
Waterloo, NY 13165
Phone: 315-539-1550
Fax: 315-539-1536

Thank you for volunteering!

Office use only:

REF 1 REF 2 REF 3 Build Apr. Board Apr. Reviewed by _____ Date _____