Port Orford-Langlois School District 2CJ

Code: IICC-AR
Adopted: 6/8/04
Orig. Code(s): IICC-AR
Review and edit or removed as necessary

Volunteer Information Form

Name: _____ Home Phone: _____

Address: _____ Work Phone: _____

References (Nonfamily)

Name: _____ Phone: _____

Name: _____ Phone: _____

Work References

Employer: _____ Address: _____

Phone: _____

Employer: _____ Address: _____

Phone: _____

Volunteer Experience

Kind of Service: _____ Organization: _____

Kind of Service: _____ Organization: _____

Please describe how you would like to volunteer service to the school district: _____

_____

Notice of Participation

I understand that my volunteering in the Port Orford-Langlois School District is a service I am offering. When I am volunteering, the superintendent or designee is responsible for determining my role in the classroom or program. As an adult working with children and young people, I am a role mode. In signing below, I authorize the Port Orford-Langlois School District to contact employers and references (including those not listed) to determine and validate my capabilities as a volunteer or verifying information provided on this application. The Port Orford-Langlois School District reserves the right to refuse or terminate any volunteer services.

Signature: _____

Date: _____

Note: Completion of the Oregon Department of Education Criminal History Verification of Applicants form is a part of this application. Approval for district volunteer service will be contingent on the results of this check of the individual's criminal history.