

**PATCHOGUE-MEDFORD SCHOOLS
OFFICE FOR HUMAN RESOURCES
APPLICATION FOR SCHOOL VOLUNTEER**

Name _____ Date _____

Address _____ City _____ State _____ Zip _____

Home phone Number _____ Cell Phone Number _____

Work Phone Number _____ E-mail _____

In Case of emergency, please contact _____ at _____

List any children attending the Patchogue-Medford School District		
Name	Grade	School

In what capacity would you like to volunteer? Check any area of interest.			
<input type="checkbox"/>	Adult Literacy	<input type="checkbox"/>	General Classroom Assistant
<input type="checkbox"/>	English as a Second Language	<input type="checkbox"/>	Library
<input type="checkbox"/>	Father's Club	<input type="checkbox"/>	Office

____ Tutor Grade Level: _____ Subject: _____ Special Education: _____

____ Other, please explain _____

Name of school where you prefer to volunteer _____

Please List Three References			
Full Name	Title/Position	Telephone	Email Address

Have you ever been convicted of any crime (excluding only minor traffic violations not involving any allegation of drug or alcohol impairment)?

Yes _____ No _____

I certify that all the statements on this application are true and complete to the best of my knowledge. I understand false or incomplete statements shall be sufficient cause for disqualification regardless of when discovered.

The Patchogue-Medford Union Free School District, Patchogue, New York 11772 does not discriminate on the basis of race, color, national origins, religion, age, handicapping conditions, disability, marital status, or sex in its education programs or employment.

Date

Signature