

COXSACKIE-ATHENS CENTRAL SCHOOL DISTRICT
VOLUNTEER REGISTRATION

We are pleased that you wish to become a volunteer with the Cossackie-Athens Central School District. We appreciate your commitment of time and ask that you provide the following information:

NAME _____ DATE _____

ADDRESS _____ PHONE _____

_____ SS# _____

ACTIVITY FOR WHICH YOU ARE VOLUNTEERING: _____

ANTICIPATED DATES/TIMES: _____

LOCATION/SCHOOL: _____

DO YOU HAVE CURRENT CPR CERTIFICATION? _____ FIRST AID _____

HAVE YOU EVERY BEEN CONVICTED OF A CRIME? _____

IF SO, PLEASE EXPLAIN ON BACK.

CURRENT OCCUPATION: _____

EMPLOYER: _____

PREVIOUS POSITION: _____

EMPLOYER: _____

DATES: FROM _____ TO _____

REFERENCES

Please list three personal references who may be contacted by telephone.

Name _____ Address _____
Phone# _____

Name _____ Address _____
Phone# _____

Name _____ Address _____
Phone# _____

I certify the above information is correct and I authorize the Cossackie-Athens Central School District to contact references provided. All volunteers subject to a background check.

Signature _____