

TROY AREA SCHOOL DISTRICT

ATTACHMENT

APPROVED: February 21, 2012

REVISED: April 28, 2015

915-ATT-3. TROY AREA SCHOOL DISTRICT VOLUNTEER APPLICATION

Name _____

Address: _____ City: _____ St: _____ Zip: _____

Telephone # _____ E-Mail _____ SSN: _____

For which volunteer assignment are you applying? _____

Availability:

_____ Monday _____ Tuesday _____ Wednesday _____ Thursday _____ Friday

_____ AM _____ PM _____ All day

Please indicate which school(s) you would like to work in:

_____ WR Croman Primary _____ Troy Intermediate School _____ Junior Senior High School

If Volunteer Coaching, which grade level? _____

Have you ever applied to or been employed by the district? _____

If so, when? _____

Educational background

High School	Location	Degree	Graduation Date
Post-Secondary	Location	Degree	Graduation Date

Check the type of volunteer work you would like to do:

<input type="checkbox"/>	Assist teacher in classroom	<input type="checkbox"/>	Clerical or library work
<input type="checkbox"/>	Assist teacher with parties/events	<input type="checkbox"/>	Athletics/Coaching
<input type="checkbox"/>	Accompany class on field trip	<input type="checkbox"/>	
Other: Please describe			

915-ATT-3. TROY AREA SCHOOL DISTRICT VOLUNTEER APPLICATION

Expertise: Special Skills/Hobbies/Interest/Sport Participation

Other e.g. courses in First Aid, CPR emergency, etc. _____

List any restrictions or conditions of your availability as a volunteer:

Please list the names of children attending Troy Area School District:

NAME	GRADE	SCHOOL

My signature below indicates that I have completed this application accurately and truthfully. I understand that misrepresentation of factual information herein is cause for termination as a volunteer.

Signature _____ Date of Application _____