



VOLUNTEER APPLICATION

(Please print or type)

Thank you for your interest in volunteering at the Central Columbia School District.

Name: _____
First
Middle Initial
Last

Address: _____
Street
City
State
Zip

Phone: _____ Email: _____

Interest: Please tell us in which areas you are interested in volunteering over the next five (5) years:

Athletics/HS Band
 Middle School
 Elementary School
 High School

Please indicate days available: _____
(list each day of the week you are available)

Times available: From _____ to _____

Any physical limitations? _____

In case of an emergency contact: _____

I affirm I have been provided a copy of Board Policy 916 regarding school district volunteers. _____
initial here

Official Use Only

- Act 34 – State Police Clearance (date _____)
 Act 114 – FBI Fingerprinting Clearance or Volunteer Affidavit (date _____)
 Act 151 – Child Abuse Clearance (date _____)
 Mandated Reporter Training Certification (date _____)
 TB Test