



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: Mon Tues Wed Thurs Fri Sat Sun

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 (exp. date _____)

_____ Act 114 – FBI Fingerprinting Clearance or Volunteer Affidavit (exp. date _____)

_____ Act 151 – Child Abuse Clearance (exp. date _____)

_____ Mandated Reporter Training Certification (exp. date _____)

_____ TB Test