

NORTHERN POTTER SCHOOL DISTRICT  
745 Northern Potter Road, Ulysses, PA 16948

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PHONE: 814-848-7506

FAX: 814-848-7431

VOLUNTEER APPLICATION

Please print or type

Name \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_  
(street)  
\_\_\_\_\_  
(city) (state) (zip code)

Telephone \_\_\_\_\_

e-mail address \_\_\_\_\_

Date of Birth \_\_\_\_\_

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For office use only

Date Application Received: \_\_\_\_\_

Sent

Returned

Clear

Act 34

Child abuse clearance

Federal fingerprint clearance

What hobbies, special interests or skills could you share?

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Is there some specific activity in which you would like to participate?

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Are you particularly interested in working with students with special needs (mentally or physically challenged, English as a second language)?

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Do you prefer to help with short-term projects (one time need)?

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Are you interested in volunteering on a weekly basis or more?

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When are you available to volunteer?

Days:

Times:

What else would you like to tell us about you, your interests, and your needs as a volunteer?

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### WORK EXPERIENCE

Agency and Location	Dates	Occupation

### REFERENCES

Please list the names and addresses of two (2) friends or co-workers who would be willing to attest to your good character.

Name/Position	Address	Phone Number

I hereby certify that I will observe the strictest code of confidentiality and will consider all information gathered while working with school children and personnel private and not be the subject of conversation with other people. I agree to comply with school district rules, regulations, and policies and I certify that the information contained in this application is correct.

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Signature of Applicant

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Date





