



Sodus Central School District  
P.O. Box 220  
Sodus, New York 14551-0220  
www.soduscscsd.org



*"Learning, Advancing, Proud, Spartans!"*

**APPLICATION FOR VOLUNTEERS**

Date: \_\_\_\_\_ Parent \_\_\_\_\_ Community Member

Name: \_\_\_\_\_  
(Last) (First)  
(Middle)

Address: \_\_\_\_\_  
(Street) (City) (State) (Zip)

Phone: \_\_\_\_\_  
(Home/Cell) (Work)

E-mail: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

**HAVE YOU EVER BEEN CONVICTED OF VIOLATING ANY LAW (EXCEPT TRAFFIC VIOLATIONS)?**  
Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, attach summary of details. Disclosure of a criminal record does not automatically disqualify you from volunteer consideration. Your case will be judged on its own merits.

**2. References: List below at least two (2) persons NOT related to you, who you have known at least one year.**

Name	Address and Phone Number	Years Acquainted

**3. Emergency Information: In case of emergency please notify:**

Name	Address	Phone Number

Authorization: I authorize investigations of all statements contained in this application. If at any time after the signing of this document that I am convicted of violating any law (other than traffic violations), I will notify the principal of the school I volunteer at immediately.

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

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DO NOT WRITE BELOW THIS LINE – OFFICE USE ONLY

ID Type: \_\_\_\_\_ Date: \_\_\_\_\_

Raptor Checked by: \_\_\_\_\_

Principal Signature: \_\_\_\_\_

Approved _____	Not Approved _____
Date Approved: _____	