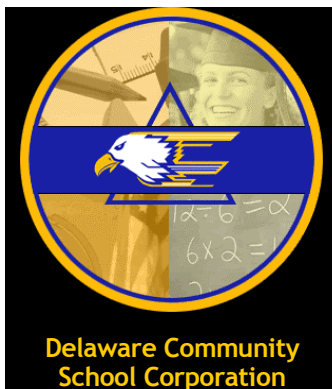


DELAWARE COMMUNITY SCHOOL CORPORATION
 VOLUNTEER FORM
2018-2019



For Office Use Only:	Initial each line as completed
Person accepting application:	_____
Originating building:	_____
Person completing background checks:	_____

Any false or misleading information you provide shall be grounds to refuse to allow you to volunteer, or if you have been volunteering, shall be cause to terminate your role as a volunteer.

Place a check mark on the line beside the school(s) where you would like to volunteer:

AES _____	DMS _____
EES _____	DHS _____
RES _____	

Name _____
 (Last) (First) (Middle Initial) (Maiden)

Address _____
 (Street) (City) (State) (Zip Code)

Home Telephone Number _____

Cell Telephone Number _____ (optional)

Work Telephone Number _____ (optional)

Do you have children and/or relatives who attend/work at Delaware Community Schools?
 Yes _____ No _____

If no, why do you have an interest in volunteering? _____

List the first and last names of your children and/or relatives who attend/work at Delaware Community Schools:

Name	School
_____	_____
_____	_____
_____	_____
_____	_____

