

AP 416-2 Volunteer Application Form

School Year:		(m	_ (must be completed each school year)		
Name:					
Address:					
Phone:					
I have a child in this school:			Yes - (name/s) No		
Areas of Exper	tise and	Interest:			
Tutoring (subject/s)				Fundraising	
Driving				☐ Food Days	
Field Trips				☐ Library	
Coaching - (sports)				Office Help	
Special Events				☐ Classroom Help	
☐ Other:					
deems r I have al I have n	necessary Iready ha ever bee	d an APIC done n convicted of a	e at the following Abb	e Information Check (APIC), as the principal ootsford School District school as noted:children/violence/illegal substances.	
Applicant Sign	ature:				
For Office Use	Only				
Level of Risk:		High			
		Medium			
		Low			
☐ Ap	proved				
☐ Not Approved - (reason):					
Principal's Sign	nature:				