



VOLUNTEER APPLICATION FORM

This form must be completed and signed in order to become an approved Sisters School District volunteer.

PERSONAL INFORMATION		
Name:		
Address:		
Phone:	Alt Phone:	E-Mail:

SCHOOL(S) WHERE YOU WOULD LIKE TO VOLUNTEER			
Sisters Elementary School: <input type="checkbox"/>	Sisters Middle School: <input type="checkbox"/>	Sisters High School: <input type="checkbox"/>	Other: <input type="checkbox"/>

Volunteer Acknowledgement of Handbook

I have read the Volunteer Handbook and understand my responsibilities as a Sisters School District volunteer.

As a Sisters School District volunteer, I may become privy to information about students' personal or educational information, either formally or informally. I understand that I am strictly forbidden to discuss and/or disclose any such information.

I agree to notify the school of any changes to my personal information.

Applicant Signature

Date

Upon completion, please submit this form to the Sisters School District Office (ssd@ssd6.org).

Sisters School District to Complete

COMPLETED			
Background Check 2022-2023: <input type="checkbox"/>	Background Check 2023-2024: <input type="checkbox"/>	Fingerprint 2022-2023: <input type="checkbox"/>	Fingerprint 2023-2024: <input type="checkbox"/>
Online Training: <input type="checkbox"/>	Volunteer Handbook: <input type="checkbox"/>	Other: <input type="checkbox"/>	

School Authorized Signature

Date