



JORDAN-ELBRIDGE CENTRAL SCHOOL DISTRICT

Business Office – 9 North Chappell Street, Jordan, NY 13080
Tel: (315) 689-8500 • Fax: (315) 689-0084 • www.jecsd.org

Application for Volunteers

Personal Information:

Date: _____
Name: _____
Address: _____
Phone: _____
Email: _____

General Information:

What Services are you willing to perform? _____

Employer – List below your current or last employer.

Date – Month – Year	Name & Address	Position
From:		
To:		

References – List below three persons, not related to you whom you have known at least one year.

Name	Address	Phone No.	Years Acquainted

Emergency Information – In case of emergency, please notify:

Name Address Phone

My Signature below permits the District to contact any or all of my references listed.

Date: _____ Signature: _____

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DO NOT WRITE BELOW THIS LINE - OFFICE USE ONLY

Reviewed By: _____ **Date:** _____

Remarks: _____
