

## WARSAW CENTRAL SCHOOL Volunteer Application

Date of Application	

NOTICE: Qualified applicants receive equal consideration. No question is asked for the purpose of excluding any applicant due to race, creed, color, religion, national origin, age or sex as prohibited by law or regulation. No person will be disqualified because of any physical impairment unless it prohibits the individual from doing the job for which he or she is applying

POSITION PREFERENCE:  Coach	□ Volunteer	Grade	Subject	

## PERSONAL INFORMATION

NAMELast		
Last	First	Middle
ADDRESS		
	TEL	EPHONE #
YEARS AT ABOVE ADDRESS	SOCIAL SECURITY	Y NO
ARE YOU OVER THE AGE OF TWEN	TY-ONE?	
HAVE YOU EVER BEEN CONVICTED If yes, please explain on a separate she		NG MINOR TRAFFIC OFFENSES?
IS ANY ADDITIONAL INFORMATION NICKNAME NECESSARY TO ENABLE If yes, please explain	RELATIVE TO CHANGE E A CHECK ON YOUR W	OF NAME, ASSUMED NAME, USE OF ORK RECORD?
LIST ANY FRIENDS OR RELATIVES,	OTHER THAN SPOUSE,	WORKING FOR WARSAW CENTRAL:
		· · · · · · · · · · · · · · · · · · ·
	A CONTRACTOR OF THE CONTRACTOR	
CTIVITIES		
GH SCHOOL		
LLEGE		1
MMUNITY		
ARDS, HONORS, RECOGNITION		
T ANY CLUB OR SPORT YOU ARE A	BLE TO COACH SUCCE	SSFULLY.
OFESSIONAL ORGANIZATIONS (Pleation form the job for which you are applying.	ase list all memberships w .)	hich you consider relevant to your ability to

AREA			NUMBER STATE STATUS PROV./PERM		STATUS PROV./PERM	DATE	EXPIRATION DATE	
EMPLOY	MENT	HISTOR'	Υ				<u> </u>	
NAME OF P				TELEPHONE NO.				TYPE OF BUSINESS
ADDRESS				CITY STATE				
START	DATE	LEAVIN	G DATE	REASON FOR LEAVING				MAY WE CONTACT?
MONTH	YEAR	MONTH	YEAR					
YOUR JOB TI	TLE	•		NAME OF SUPERVISO	R	SUF TITI	ERVISOR E	,
DESCRIPTIO	N OF YOU	IR DUTIES						
		-						TYPE OF BUSINESS
NAME OF P		l		TELEF	PHONE NO.			TTPE OF BUSINESS
ADDRESS				CITY STATE				
START	DATE	LEAVIN	IG DATE		REASON	FOR LEAVING		MAY WE CONTACT?
MONTH	YEAR	MONTH	YEAR				_	
YOUR JOB T	<u> </u>		<u> </u>	NAME OF SUPERVISO				
DESCRIPTIO		ID DUTIES			···			
PROFES Give at least character, pe	3 referen	ices. Supei	rvisors und p, and teac	S er whom you h hing ability are ADDRES	preferred.	nd those who have first-		wledge of your
2.								
3.			<u> </u>					•
I WAIVE	MY RIG	HT OF AC				IBMITTED BY THESE		
liability anyoneduties for who by the Warsa	that there ne giving tich I have w Central	information applied. If School Dist	regarding n requested, l trict regardi	ne (whether in r I will sian indivi	my application dual releases. on will be the	nd and experiences, and l or not) so long as the inf I further understand that property of the Warsaw o gulations.	ormation is t all inform	s relevant to the ation gathered
ATTESTA I certify that the hiring co	the inform	ation is acc	urate to the	best of my kno that incorrect, i	wledge and th	e information provided b alse statements may sub	y me may l ject me to	oe shared with discharge.

DATE