

**SOUTHERN CAYUGA CENTRAL SCHOOL DISTRICT
LONG TERM SCHOOL VOLUNTEER APPLICATION FORM**

RETURNING VOLUNTEERS

To the Volunteer: Thank you for volunteering again this school year to assist our school in its educational mission. Normal operating procedures require that volunteers be approved by the Board of Education.

Name: _____

Address: _____

Home Phone Number: _____ Work Phone Number: _____

Supervising Teacher(s): _____

Grade(s): _____

Principal's Signature _____

Staff Member(s) Signature(s) _____

Volunteer – Please Note: Please submit this application to the Building Principal. It will then be forwarded to the Superintendent's office for Board of Education approval. Once approved, you will receive a handbook. Please call the supervising teacher prior to volunteering to assure that there are adequate duties ready for you. Once again, thank you for giving your time to the staff and students at SCCS!

Office Use Only:
Approved by BOE on _____