

VOLUNTEER SIGN UP

DATE: _____

NAME: _____ PHONE NO. _____

ADDRESS: _____

SCHOOL: (Circle One)
WICKLIFFE ELEMENTARY
WICKLIFFE MIDDLE SCHOOL
WICKLIFFE HIGH SCHOOL

VOLUNTEER POSITION: _____

Classroom, Lights On, Ohio Reads, Library, 6th Grade
Camp, Band Camp, Field Trips, etc.

I acknowledge receipt of the Volunteer Handbook: _____

Volunteer Signature

PRINCIPAL'S SIGNATURE

Return the signed form to Cathy Baltus, Business Secretary for Wickliffe Board of Education, (440) 943-7773, who will issue volunteer badge once background check is completed.

Background Check Completed _____

Badge Sent to _____ on _____