

VOLUNTEER SIGN UP

DATE:

NAME:

PHONE NO.

ADDRESS:

SCHOOL: (Check one)
☐ WICKLIFFE LOWER
☐ WICKLIFFE UPPER

VOLUNTEER POSITION:

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

PRINCIPAL'S SIGNATURE

I acknowledge receipt of the WCS Volunteer Handbook: _____
Volunteer Signature

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

Background Check Completed _____

Badge Sent to _____ on _____