**VOLUNTEER SIGN UP**

DATE:

NAME:       PHONE NO.

ADDRESS:

 (Check one)

SCHOOL: [ ] 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 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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