**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 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Revised 12/11/2023 Volunteer Sign Up.doc