

**NORTHEASTERN SCHOOL DISTRICT  
VOLUNTEER INFORMATION SHEET**

DATE: \_\_\_\_\_

Name:	(Last)	(First)	(MI)
Address: _____ _____		Phone Number: _____ Cell Number: _____	
Student Name: _____		E-mail Address: _____	
Will you be volunteering 10 or more hours a week: ___ No ___ Yes (see tuberculin test requirement in handbook) When are you available to volunteer: _____			
School Preference(s): _____ Grade Level Preference(s): _____			
Are you 18 years of age or older? Yes No I am a: ___ parent ___ grandparent ___ other			

**SPECIAL TRAINING**

Please list any skills/past experience you feel would be helpful for this program:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**REFERENCES**

(PLEASE LIST 2 PERSONS WHO HAVE KNOWLEDGE OF YOUR WORK HABITS)  
(DO **NOT** INCLUDE RELATIVES)

NAME	ADDRESS	PHONE	YEARS ACQUAINTED
1.			
2.			

**EMERGENCY CONTACT PERSON**

<b>NAME:</b>	<b>ADDRESS:</b>	<b>PHONE:</b>

THE NORTHEASTERN SCHOOL DISTRICT BOARD OF SCHOOL DIRECTORS DECLARES IT TO BE THE POLICY OF THIS SCHOOL DISTRICT TO PROVIDE EQUAL OPPORTUNITY IN ALL ACTIVITIES, PROGRAMS OR EMPLOYMENT PRACTICES OF THE DISTRICT. IF THERE ARE PREREQUISITES, THEY WILL BE BASED ON ABILITY AND APTITUDE, NOT RACE, COLOR, CREED, RELIGION, SEX, ANCESTRY, NATIONAL ORIGIN OR DISABILITY.

FOR INFORMATION REGARDING CIVIL RIGHTS OR GRIEVANCE PROCEDURES, CONTACT THE SUPERINTENDENT AT NORTHEASTERN ADMINISTRATIVE CENTER, 41 HARDING STREET, MANCHESTER, PA 17345. IF SPECIAL ACCOMMODATION IS REQUIRED FOR THE INTERVIEW, PLEASE NOTIFY THE DISTRICT IN ADVANCE. EMPLOYMENT INQUIRIES BY THE HEARING IMPAIRED CAN BE ACHIEVED VIA FAX COMMUNICATION.

SIGNATURE: \_\_\_\_\_