



New Applicant

Returning Applicant

Year fingerprinted: \_\_\_\_\_

### VOLUNTEER APPLICATION FORM

Date: \_\_\_\_\_

Building: \_\_\_\_\_

Full Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone Number: (\_\_\_\_\_) \_\_\_\_\_

Purpose: \_\_\_\_\_

Building Administrator's Signature: \_\_\_\_\_

Student Name: \_\_\_\_\_ Teacher: \_\_\_\_\_

#### References:

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

## ATTENTION

All volunteers must be fingerprinted. Fingerprinting is conducted by the Kane County Regional Office of Education.

Before visiting the Kane County ROE, please obtain a fingerprint authorization & release form from the Parent Liaison at the school you wish to volunteer.

If you have been fingerprinted previously, you must still fill out a volunteer form, but do not have to get reprinted.