Monticello Central School District Volunteer Application

Name:	Phone Number(s):
Residence:	· Just I was a second of the s
Mailing Address: (if different from residence)	
MCSD Building(s)/Cla	assroom(s) Volunteering In:
Work/Volunteer Experiments (You may attach any additional information)	rience:
Check one: ☐ I have	
	ges against me or criminal convictions in any jurisdiction. d convictions. Please include the nature of the criminal offense you were charged with/convicted of, the date of the charge/conviction pages, if necessary.)
Please provide the nan attest to your character	ne, address and phone number of two non-family member references who can r and commitment as a volunteer in the Monticello Central Schools.
Name:	Phone Number(s):
Address:	Relationship:
Name:	Phone Number(s):
Address:	Relationship:
I have reviewed the Mo accordance with the lav	onticello Central School District Code of Conduct and will conduct myself in w, Board of Education policy and the Code of Conduct.
Volunteer's Signature	Date
Principal's Signature	Date
Superintendent's Signature	