Monticello Central School District Volunteer Application

Name:	Phone Number(s):
Residence:	
(if different from residence)	
MCSD Building(s)/Classroom(s) Vo	olunteering In:
Work/Volunteer Experience:	
(You may attach any additional information to this applica	ation.)
Check one: ☐ I have ☐ I do not have	
	e or criminal convictions in any jurisdiction. include the nature of the criminal offense you were charged with/convicted of, the date of the charge/conviction
Please provide the name, address an attest to your character and commit	nd phone number of two non-family member references who can ement as a volunteer in the Monticello Central Schools.
Name:	Phone Number(s):
Address:	Relationship:
Name:	Phone Number(s):
Address:	Relationship:
	ral School District Code of Conduct and will conduct myself in ducation policy and the Code of Conduct.
Volunteer's Signature	Date
Principal's Signature	Date
Superintendent's Signature	Date