

**LEXINGTON CITY SCHOOLS
VOLUNTEER APPROVAL FORM**

Name: _____

Address: _____

City: _____ State _____ Zip _____

Home Phone: _____ Cell Phone: _____

Email: _____

Previous Experience:

Statement of Understanding: I understand the position described is voluntary and involves no monetary compensation. I also understand that it requires meeting existing requirements for employees for Lexington City Schools. (Applicant is responsible for the cost **(\$15.00)** for the Criminal and Background Screening.) Payment must be made by check, cash, or money order (checks should be made out to Lexington City Schools).

Applicant's Signature: _____ Date _____

Approval Signatures:



Principal: _____

Superintendent: _____