



**VOLUNTEER APPROVAL FORM**  
**Indirect Contact with Students**

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

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

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

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Volunteer Duty (volunteer duty you wish to contribute) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Previous Experience: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Statement of Understanding:** I understand the volunteer position is voluntary and involves no monetary compensation. I also understand that I will document my volunteer hours and send to appropriate school/district personnel.

**Applicant's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Approval Signature

Principal: \_\_\_\_\_

Superintendent: \_\_\_\_\_