

APPLICATION FOR VOLUNTEER SERVICE CENTERVILLE-ABINGTON COMMUNITY SCHOOLS

Applicant's Name: _____

Current Home Address: _____
Street City, State, Zip

Home Phone: _____ **Cell Phone:** _____

Ethnicity_____	Male_____	Female_____	Date of Birth_____
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Activities for which I volunteer:
 (Example: Classroom, PTO, Field Trips)

I HEREBY GRANT AUTHORIZATION TO:

- 1. THE CENTERVILLE-ABINGTON COMMUNITY SCHOOLS TO CONDUCT A CRIMINAL HISTORY RECORD CHECK OF MY BACKGROUND WITH THE APPROPRIATE LAW ENFORCEMENT AGENCIES.**
- 2. THE APPROPRIATE LAW ENFORCEMENT AGENCIES TO PROVIDE THE CENTERVILLE-ABINGTON COMMUNITY SCHOOLS WITH ANY INFORMATION ABOUT ME REGARDING ANY ARREST, ANY FELONY OR MISDEMEANOR CONVICTIONS OR ANY PENDING CRIMINAL CHARGES.**

SIGNATURE OF APPLICANT **DATE**

CHILD(REN) NAME(S)	GRADE	HOMEROOM TEACHER NAME
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____