



# Belpre City School District

2014 Rockland Ave., Belpre, OH 45714

(740) 423-9511 FAX (740) 423-3050

**Tony Dunn, Superintendent**

**Lance Erlwein, Treasurer**

Dear Parents and Friends,

The Administration and teachers of Belpre City Schools take pride in the education offered to students in the district. There can be no better partners in this excellent educational program than volunteers. Volunteers donate many hours to the school system each year.

Volunteers are needed to handle a variety of responsibilities. Teachers and other school staff members value and support volunteers who soon become involved with the educational process.

Due to insurance and safety issues, ALL volunteers are required to complete this volunteer application each year and be approved by the Board of Education. We must have the completed application BEFORE we can submit your name to the Board at its monthly meeting. Please return this application in the school where you would like to volunteer. Thanks for helping us make Belpre City Schools the best they can be.

Tony Dunn, Superintendent

Name \_\_\_\_\_  
First Middle Maiden Last

Present Mailing Address: \_\_\_\_\_  
Street City State Zip

Phone Number \_\_\_\_\_ School(s) where I would like to volunteer: \_\_\_\_\_

If you have a preference, list teacher(s) with whom you would like to volunteer: \_\_\_\_\_

Type of assignment (please check all you are interested in doing)

<input type="checkbox"/>	Classroom	<input type="checkbox"/>	Parent/Teacher Organization
<input type="checkbox"/>	Chaperone	<input type="checkbox"/>	Band/Music
<input type="checkbox"/>	Library	<input type="checkbox"/>	Other (Specify)
<input type="checkbox"/>	Clerical	<input type="checkbox"/>	

Days you are available to volunteer \_\_\_\_\_ a.m. or p.m.

Please read and initial the following:

\_\_\_\_ I verify that I have never been convicted of a felony.

\_\_\_\_ I agree to the Belpre City Schools policy on confidentiality.

\_\_\_\_ I have received information and understand the school district's blood borne pathogen information (pick up blood borne pathogen information at any school office or download from our website).

All applicants must sign and date this form.

\_\_\_\_\_  
Signature of Volunteer

\_\_\_\_\_  
Date

\_\_\_\_\_  
Administrator Signature

\_\_\_\_\_  
Board Meeting Date