

## VOLUNTEER APPLICATION

**NAME:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_ **PHONE:** \_\_\_\_\_  
\_\_\_\_\_ **CELL:** \_\_\_\_\_  
\_\_\_\_\_

**SCHOOL:** \_\_\_\_\_

**In connection with my application, I understand that consumer or investigative consumer reports which contain public record information, may be made on me including criminal records, driving records, and others.**

**Volunteer Signature:** \_\_\_\_\_

**Recommending Principal Signature:** \_\_\_\_\_

**For Communities In Schools of Rowan County**

**Approved:** Yes \_\_\_\_\_ No \_\_\_\_\_

**Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Signature:** \_\_\_\_\_