

FORM

2004

3141F

1 of 1

COMMUNITY RELATIONS

COACHES AND MENTORS WITHOUT PAY

Date: _____ SS #: _____

Name: _____
(Last) (First) (Middle)

Address: _____
(Street) (City) (State) (Zip)

Phone No.: _____
(Home) (Work)

Position Applying For: _____

Last Grade Completed in School or College: _____ Occupation: _____

List Any Previous Volunteer Work: _____

CERTIFICATION: If you are certified in CPR and/or First Aid, please attach copies of certification.

REFERENCES:

I, _____, do hereby authorize Union-Endicott Central School District and its representatives to contact the following references.

Name	Address	Phone Number

The purpose of this authorization is to obtain information on my work history and personal background. I understand this is a general release of information and give my authorization for this type of release.

Signature

Date

DO NOT WRITE BELOW THIS LINE – OFFICE USE ONLY

Reviewed by: _____

Date: _____

APPROVAL

Asst. Supt. for Personnel: _____

Date: _____

Implemented: 3/15/04

Updated: 8/21/09