

**Port Orford-Langlois  
School District 2CJ**

Code: **IICC-AR**  
Adopted: 6/8/04

**Volunteer Information Form**

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

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

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

Work Phone: \_\_\_\_\_

**References (Nonfamily)**

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

Phone: \_\_\_\_\_

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

Phone: \_\_\_\_\_

**Work References**

Employer: \_\_\_\_\_

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

Phone: \_\_\_\_\_

Employer: \_\_\_\_\_

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

Phone: \_\_\_\_\_

**Volunteer Experience**

Kind of Service: \_\_\_\_\_

Organization: \_\_\_\_\_

Kind of Service: \_\_\_\_\_

Organization: \_\_\_\_\_

Please describe how you would like to volunteer service to the school district: \_\_\_\_\_

**Notice of Participation**

I understand that my volunteering in the Port Orford-Langlois School District is a service I am offering. When I am volunteering, the superintendent or designee is responsible for determining my role in the classroom or program. As an adult working with children and young people, I am a role model. In signing below, I authorize the Port Orford-Langlois School District to contact employers and references (including those not listed) to determine and validate my capabilities as a volunteer or verifying information provided on this application. The Port Orford-Langlois School District reserves the right to refuse or terminate any volunteer services.

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

Date: \_\_\_\_\_

Note: Completion of the Oregon Department of Education Criminal History Verification of Applicants form is a part of this application. Approval for district volunteer service will be contingent on the results of this check of the individual's criminal history.