



MECHANICSBURG EXEMPTED VILLAGE SCHOOL DISTRICT

REQUEST FOR APPOINTMENT OF VOLUNTEER

Name of Volunteer:		Phone Number:	
Address:			
Supervising Coach/Teacher Name & Activity:			

Statement of Need (Check all that apply):

Safety	<input type="checkbox"/>	Additional Expertise in Area	<input type="checkbox"/>	More Individualized attention	<input type="checkbox"/>
# of Students involved	<input type="checkbox"/>	Other (explain):			

Duties / Responsibilities: _____

Qualifications: _____

Volunteers must submit a Bureau of Criminal Identification and Investigation (BCI) and Federal Bureau of Investigation (FBI) background check with application.

A volunteer will be accepted into the Mechanicsburg Exempted Village School District conditioned upon the completion of a criminal record check which complies with Ohio Revised Code Section 3319.39 and which is otherwise acceptable to the Board of Education of such District. If the criminal record check should fail to comply with O.R.C. 3319.39 or be unacceptable to the Board of Education for any reason, the volunteer will be released from his/her duties.

Signature of Volunteer

Date

I am requesting the appointment of the person listed above as a volunteer in the activity specified.

Staff Member Signature:

Date:

_____ Recommended / _____ Not recommended

_____ Recommended / _____ Not recommended

Signature of Athletic Director **Date**

Signature of Principal **Date**

_____ Recommended / _____ Not recommended

_____ Approved by BOE on _____

Signature of Superintendent **Date**

_____ Not Approved by BOE