



WALTON-VERONA VOLUNTEER APPLICATION

Youth Leader Request Form

Pursuant to KRS 17.160

PLEASE PRINT INFORMATION CLEARLY AND PROVIDE ALL INFORMATION

VOLUNTEER INFORMATION

FULL NAME (FIRST MIDDLE LAST)	
ALIAS/MAIDEN NAME(S)	
SOCIAL SECURITY NUMBER <small>*REQUIRED FOR RECORDS CHECK</small>	
DATE OF BIRTH	
STREET ADDRESS	
CITY, STATE ZIP	
PHONE NUMBER	
EMAIL ADDRESS	

STUDENT INFORMATION

CHILD'S NAME (FIRST LAST) <small>LIST YOUNGEST TO OLDEST</small>	GRADE

Agreement and Signature

By submitting this application, I affirm that I have access to the volunteer handbook, available at www.kyschools.us > **About > Volunteering > Volunteer Handbook**, which includes pertinent policies and safety/emergency procedures. I acknowledge my responsibility to maintain the access to confidential FERPA-protected information. I am aware that the Superintendent shall have the authority to refuse the individual the opportunity to work or volunteer in the district. I understand that I shall abide by these policies and procedures as a volunteer of the Walton-Verona Independent School District.

Name (printed) _____

Signature _____

Date _____