



# 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](http://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 \_\_\_\_\_

I have donated \$10 to pay the cost of the records check.