## Independent School District No. 726 Becker Public Schools Volunteer Application Form

School year for which I wo	uld like to volunteer:			
I would like to volunteer fo	r the following School/	Department:		
Primary School Inte	rmediate School	Middle School	High School	
Community Ed So	chool Readiness	ECFEActiv	FEActivities Department	
Camp Opportunity	_ Other (please explai	n)		
Areas of Interest/Special S Example: Arts and Crafts, Re Math Intervention, Reading In Other: (please explain)	ading, Book Fair, Vision a ntervention, W.A.T.C.H. D	nd Hearing Screening, og, Classroom Assistai	nt	
Name:				
(Please Print) Last	First		Middle Name	
Address:				
Street	City	State	Zip	
Home Phone:	Cell Phone:	Phone:Email Address:		
Reference - Name:				
Address:				
Phone Number:		:		
Emergency Contact - Nam Address:				
Phone Number:	Title	:		

The district may request you to complete a criminal background check. If so, a separate form will be provided for you to complete. Please notify the office if you have completed a criminal background check within the last year.

I attest that I do not have a record of felony conviction or requirement to register as a sex offender under Minnesota Law. By volunteering for the district, I agree to adhere to the policies, procedures and rules of ISD #726 Becker Public Schools.

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

Signature: