



Port Jervis

CITY SCHOOL DISTRICT

Proud Past. Bright Future

John J. Bell
Superintendent of Schools
150 Pike Street
Port Jervis, New York 12771
District Office Tel 845-858-3100

PORT JERVIS CITY SCHOOL DISTRICT APPLICATION FOR VOLUNTEERS

Personal Information:

Date: _____ School Year: _____

Name: _____
(Last) (First) (Middle)

Address: _____
(Street) (City) (State) (Zip)

Phone Number: _____
(Home) (Cell) (Work)

General: Describe what volunteer services you will be performing: _____

School Building: ____ HS ____ MS ____ ASK ____ HBE

Have you ever been convicted of a crime? YES _____ NO _____

Emergency Information: In case of emergency, please notify:

(Name) (Address) (Phone)

DO NOT WRITE BELOW THIS LINE – OFFICE USE ONLY

Building Approval: ____ Yes ____ No _____ Date: _____
(Principal's Signature)

District Approval: ____ Yes ____ No _____ Date: _____
(ASI's Signature)

If the Applicant is an Athletic Volunteer, the Athletic Department requirement checklist must be attached