

Salmon River CSD Volunteer Application

Name _____ Date _____

Address _____ Phone number _____

Volunteering for ___ SRC Jr./Sr. High School ___ SRC Elementary ___ St. Regis Mohawk

Volunteering for _____ Grade Level and or _____ Activity

Dates available _____ Times available _____

Special interests or expertise to be shared with students _____

References: Please no family members

1. Name _____ Relationship _____

Address _____ Phone number _____

2. Name _____ Relationship _____

Address _____ Phone number _____

Building Supervisor's signature _____ Date _____

Comments _____

Date taken to the Board of Education _____