



Fowler District Volunteer Applicant Request

NAME: _____

ADDRESS: _____

CONTACT NUMBERS: _____

NAMES OF ANY RELATIVES WORKING OR ATTENDING FOWLER SCHOOL DISTRICT: _____

LOCATION: _____ POSITION: _____

REQUESTED START DATE: _____

LENGTH OF TIME: _____
(# days, # of hours, schedule of volunteer time)

WHAT IS YOUR REASON FOR VOLUNTEERING? _____

APPLICANT SIGNATURE _____ DATE _____

ADMINISTRATOR ANSWER:
WHY DO YOU FEEL THEY MEET THE REQUIREMENTS OF THE POSITION? _____

ADMINISTRATOR SIGNATURE _____ DATE _____

DISTRICT OFFICE USE ONLY

Criminal background done on: _____

Fingerprint Card #: _____ Expiration date: _____

OR

Date fingerprinted: _____

HR Signature _____

Superintendent Signature _____ Date _____