

Volunteer Approval/Review Form

Date: _____

VOLUNTEER ASSIGNMENT

COPY OF DRIVER'S LICENSE REQUIRED WITH COMPLETED FORM

Last Name*: _____ First Name*: _____ Middle Initial*: _____

Address*: _____

Race (optional): _____ Sex*: _____ Date of Birth*: _____

Student Name*: _____ Phone Number*: _____

***Information MUST be provided in order to serve as a volunteer.**

Approved by _____

Reason, if not approved _____

Assignment(s) _____

Supervising professional _____

Clio Administrator Approval/Review Form – For Office Staff Only

Building Administrator

Approved to Volunteer _____ Not Approved to Volunteer _____

Signature of Building Administrator _____

Date _____

Date forwarded to Personnel Office _____

Assistant Superintendent

Recommendation

MPSOR _____ ICHAT _____ OTIS _____

Human Resources Recommendation:

Approved _____ Not Approved _____ Building/Program Administrator Notified _____

Assistant Superintendent

Date