



Greenburgh Central
School District
Our Children. Our Focus. Our Future.



GREENBURGH CENTRAL SCHOOL DISTRICT APPLICATION FOR VOLUNTEERS

Personal Information

School Submitting Application _____

Date _____

Name _____

(First)

(Middle)

(Last)

Address _____

(Street)

(City)

(State)

(Zip)

Phone No. _____

(Home)

(Work)

General What volunteer services are you willing to perform? _____

Employer List below your current and previous employers.

DATE, MONTH AND YEAR	NAME AND ADDRESS OF EMPLOYER	POSITION	PHONE #
From			
To			



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Previous Employer

DATE, MONTH AND YEAR	NAME AND ADDRESS OF EMPLOYER	POSITION	PHONE #
From			
To			

References List below three persons, not related to you, whom you have known at least one year.

NAME	ADDRESS	YEARS ACQUAINTED

Have you ever been convicted of a crime? (felony or misdemeanor) ☐ Yes ☐ No

If yes, please explain: _____



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Emergency Information In case of emergency, please notify:

Name

Address

Phone

My signature below permits the District to contact any or all references listed if necessary.

Date _____ Signature _____

Applicants Initials _____

Return application forms to:
Greenburgh Central School District
Office of Curriculum, Instruction and Personnel
475 West Hartsdale Ave. Hartsdale, NY 10530
certified@greenburghcsd.org

DO NOT WRITE BELOW THIS LINE -- OFFICE USE ONLY

Reviewed by _____ Date _____

REMARKS: _____

Approved []

Not Approved []