

SWEDESBORO-WOOLWICH SCHOOL DISTRICT

VOLUNTEER APPLICATION

AND

INTEREST VERIFICATION

Date: _____ Mrs./Mr./Miss _____
First Name: _____ Last Name: _____
Address: _____
City, State, Zip Code: _____
Daytime Phone # _____ Evening Phone # _____
Cell Phone # _____ Email address _____
Hours available during day(s)/week: _____

CONFIDENTIALITY STATEMENT OF UNDERSTANDING AND AGREEMENT

It is understood that participation in the Swedesboro-Woolwich School District Volunteer Program as it relates to student/teacher discussion or contact is strictly confidential and will not be disclosed to anyone other than staff professionals employed by the Swedesboro-Woolwich School District. Any concerns should be reviewed immediately with the school district administration.

Signature: _____ Date: _____

Witness: _____ Date: _____