

BATH COUNTY SCHOOLS VOLUNTEER REQUEST FORM

Name (Please Print)			DATE
LAST	FIRST	MAIDEN	
DATE OF BIRTH			SOCIAL SECURITY NUMBER
ADDRESS			DRIVERS LICENSE NUMBER
PHONE No.			E-MAIL ADDRESS
	HOME:		
	WORK:		
	CELL:		
STUDENT NAME & RELATIONSHIP TO STUDENT		REQUESTED ACTIVITY (i.e. field trips, classroom, etc.)	
Name:			
Relationship:			
BACKGROUND REQUEST FROM ANOTHER BATH COUNTY SCHOOL			
YES		IF YES WHAT SCHOOL	
NO			
SIGNATURE			
			DATE
PRINCIPAL/DESIGNEE APPROVAL SECTION			
APPROVAL			
SIGNATURE		DATE	
YES			
NO			
FRC/YSC PROCESSING SECTION			
DATE			
INDIVIDUAL PROCESSING			
DATE RECEIVED FROM AOC:			
NOTIFICATION DATE TO REQUESTOR:			

THIS FORM SHALL BE MAINTAINED AT THE SCHOOL LEVEL