

OFFICE USE ONLY:

NAME OF TRIP _____ DATE OF TRIP _____

Date License Scanned _____ Date Entered on Agenda _____ Date Board Approved _____

**PLEASE COMPLETE FOR DAY TRIPS & VOLUNTEER FOR SCHOOL ACTIVITIES
Andover Regional School District Volunteer Application**

Full Name of Applicant: _____

* Home Phone: _____

* Cell Phone: _____

* Work Phone: _____

Address: _____

Number of years at this address: _____

If less than three, provide previous address: _____

Email Address: _____

* Please list your child(ren) in the district

| Name | Grade |
|----------|-------|
| 1. _____ | _____ |
| 2. _____ | _____ |
| 3. _____ | _____ |

Your Date of Birth: _____

List three references other than family members

| Name: | Address: |
|----------|----------|
| 1. _____ | _____ |
| 2. _____ | _____ |
| 3. _____ | _____ |

Have you ever been convicted of a criminal offense in this or any state?

Yes _____ No _____

If yes, please explain on the reverse side of this application

7. Special interests: _____

8. Areas willing to volunteer: _____

Applicant Signature _____ Date _____

Supervising Administrator Signature _____ Date _____