



Volunteer Enrollment Form Oswego County Teacher Center

PLEASE PRINT

Volunteer Site Location:

Contact Information:

Name: _____ Please Check One
 Adult 18+ Student

Home Address: _____
Street City State Zip Apt. #

Home Phone: _____ Cell Phone: _____

Have you ever been convicted of a Felony or Misdemeanor (or similar offense) by the court?
 Yes No

Emergency Contact:

Name Relationship to You

Address Home Phone Work No. Cell No.

References: Please list 2-4 references that know your qualifications. Do not list relatives.

_____ Name	_____ Phone	_____ Relationship	_____ Name	_____ Phone	_____ Relationship
_____ Name	_____ Phone	_____ Relationship	_____ Name	_____ Phone	_____ Relationship

Volunteer/Work Experience:

Organization Name: _____ Job Duties: _____

Dates (From/to): _____

Supervisor's Name: _____ Phone: _____

Brief description of job: _____

Signature of Volunteer: _____ Date: _____