

WEBB CISD VOLUNTEER HANDBOOK



**WEBB CISD
SCHOOL VOLUNTEER PROGRAM**

WEBB CISD Local Policy – School Volunteer Program

1. All Prospective Volunteers Shall Fill out an application provided by the district.
2. The District may obtain the criminal history record of prospective school volunteers and shall inform volunteers when their services are to begin.
3. Volunteers new to the district shall provide evidence of tuberculosis test administered within 12 months of the beginning of their service with the district.

Name of Applicant: _____

Address: _____

Telephone #: _____

What days of the week would you be available to work?

Please circle or underline: M Tu W Th F

Number of hours you can contribute to volunteer work daily: _____

What kind of volunteer work would you prefer?

Background and Experience

Education: _____

Special Skills: _____

Experience: _____

References (Names Telephone numbers and addresses or 3 letters of reference)

I have read and understand the Webb CISD policy for the school volunteer program as shown above and agree to follow employee handbook.

Volunteer Signature _____