



UFRSD

G.I.V.S. (Giving Instructional Volunteer Support)

VOLUNTEER APPLICATION (Rev 12/2018)

27 High Street, Allentown, NJ 08501

609-259-7292

THANK YOU FOR JOINING US AT UFRSD AS A VOLUNTEER!

Volunteer Name: _____

ADDRESS: _____

E-Mail: _____

Contact

Number: _ () _____

Alternate

Contact # _ () _____

Please circle the school location (s) you are volunteering at: AHS SBMS NES

Please indicate grade(s) you would like to work with: _____

G.I.V.S. VOLUNTEER

SIGNATURE: _____

(See District Policy and DOE Criminal History Clearance Letter, attached)

District Use:

Principal's Approval _____

Date: _____