

**EASTON SCHOOL DISTRICT
P.O. BOX 8
EASTON, WA 98925
509-656-2317**

Application for Volunteer Position

NAME _____ **OTHER SURNAMES REFLECTED ON EDUCATION OR**

EMPLOYMENT _____

ADDRESS _____ **PHONE** _____ **DATE OF BIRTH** _____

Do you have any handicap or health problem that should be taken into account in determining job placement? YES OR NO
If yes, please describe the limitations on a separate sheet.

Are you bilingual or biliterate? YES or NO If yes, what languages? _____

REFERENCES

Please provide five references, including supervisors, who have first-hand knowledge of your character, personality, scholarship, and ability to work with and/or around children.

Name _____	Position _____	Phone _____	email _____
Name _____	Position _____	Phone _____	email _____
Name _____	Position _____	Phone _____	email _____
Name _____	Position _____	Phone _____	email _____
Name _____	Position _____	Phone _____	email _____

WORK EXPERIENCE/ VOLUNTEER EXPERIENCE

Employer	Location	Dates	Position	Reasons for Leaving
_____	_____	From ___ to ___	_____	_____
_____	_____	From ___ to ___	_____	_____
_____	_____	From ___ to ___	_____	_____
_____	_____	From ___ to ___	_____	_____

VOLUNTEER EXPERIENCE WITH CHILDREN

By signing below I certify all information provided is accurate and truthful.

SIGNATURE OF APPLICANT _____ DATE _____