

School _____

Teacher _____

VOLUNTEER

North West Hendricks School Corporation
104 North Church Street
PO Box 70
Lizton, In 46149
317-994-4100

PLEASE FILL OUT ALL BLANKS WITH COMPLETE, DETAILED INFORMATION. **YOU MUST INCLUDE A COPY OF YOUR DRIVERS LICENSE, YOUR SOCIAL SECURITY #, CITY & STATE OF BIRTH FOR FORM TO BE CONSIDERED.**

NAME IN FULL (print) _____
(first) (middle) (last)

Are you known to schools/references by any other name? YES NO

If yes, what name(s) _____ Date of Birth _____

Address _____ Phone _____
(Include area code)

City _____ State _____ Zip code _____ **Social Security # _____**

City & State of Birth _____

REFERENCES

Please list three references, including present and former principals, department heads, or supervisors under whom you have worked.

NAME	POSITION	ADDRESS	PHONE

I hereby grant authorization to the North West Hendricks School Corporation, the Personnel Office in the North West Hendricks School Corporation to:

1. Request any and all materials and information pertaining to my employment (volunteering) from any of my present or former employers, supervisors, or co-workers.

Signature of Applicant

Date