



## VOLUNTEER ACKNOWLEDGEMENT

Thank you for your interest in serving as a volunteer in our school district.

**Print Full Name** \_\_\_\_\_

**Address** \_\_\_\_\_

**Phone #** \_\_\_\_\_ **Email** \_\_\_\_\_

Please check off the school(s) and/or department(s) in which you would like to volunteer:

- |                           |                 |                             |
|---------------------------|-----------------|-----------------------------|
| _____ Elementary School   | _____ Athletics | _____ Other (specify below) |
| _____ Intermediate School | _____ Music     | _____                       |
| _____ Middle School       | _____ Library   |                             |
| _____ High School         | _____ Office    |                             |

**The undersigned individual hereby acknowledges** and agrees that, in connection with the volunteer services s/he has agreed to provide, s/he has read and understands the Brandywine Heights Area School District Volunteer Policy 916 and that s/he hereby agrees to comply with and be bound by the Policy.

**SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_