



STANFIELD SCHOOL DISTRICT 61-R

Date _____

VOLUNTEER TRANSPORTATION APPLICATION

Name _____ (Last) (First) (Middle)

Physical Address _____

Mailing Address _____

Phone _____ Driver's License No* _____

Cell No. _____ Email Address _____

References - Give three references.

Table with 3 columns: Name, Current Address, Contact Phone Number. Includes three rows for reference entries.

Signature of Applicant _____ Date _____

Applicant's signature is authorizing the district the right to contact references listed on this application.

A valid Oregon Driver's License must be

A Criminal History Verification form MUST be completed and the clearance returned PRIOR to beginning the volunteer position.

Authorization to Volunteer:

Principal's/Superintendent's Signature _____ Date _____