

All Volunteer application/disclosures forms must be turned in NO later than April 30th



2929 McDougall Avenue
Enumclaw, Washington 98022

**Byron Kibler Elementary School
Volunteer Application/Disclosure**

APPLICANT FIRST NAME _____
Please Print

APPLICANT LAST NAME _____
Please Print

Child's Name: _____ Teacher's Name _____

Did you complete an application last year?

- No** If No, Complete the reference section below
- YES** If Yes, do not need to fill out the reference section below

Written References: Please list the names and daytime contact information of the two references that will be filling out your written reference form. The written references must be returned and verified prior to volunteer approval.

Name/Relationship	Street Address, City	State	Zip	Phone

I authorize the Enumclaw School District No. 216 to solicit information from former employers or references and obtain any and all information regarding my job/volunteer related background. I release and waive Enumclaw School District No. 216, my former employer and all references from any and all liability in obtaining or disclosing such information.

Signature of Applicant

Date