



## Horseshoe Bend School District #73 Volunteer Application

Please complete the following:

Volunteer Name (please print) \_\_\_\_\_

Volunteer Address \_\_\_\_\_

Volunteer Phone Number \_\_\_\_\_

Please describe the type of volunteer service you hope to provide:

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As a volunteer at Horseshoe Bend School District, I agree to the following:

- I will submit to a background check.
- I will abide by all district rules and policies.
- I am not entitled to compensation or health insurance benefits in return for services rendered.
- I release the district from liability for any injury or loss resulting from the performance of volunteer duties for the district.

Volunteer Signature \_\_\_\_\_ Date \_\_\_\_\_

**Thank you for your willingness to volunteer at our school!**