## **VOLUNTEER APPLICATION**

Name		Date	
Address	Phone Number		
# hours per week	* Specific Volunteer A	Assignment	
	Cooperating Teacl	her/Coach	
* 20 hours or more p	oer week require manto	ux test. If required, please attach co	opy of results.
Have you ever been co	onvicted of a crime?	If yes, provide details:	
Signature of Applicar	nt	Signature of Building Principal	
Approved by BOE on	·		
		ND RELEASE AGREEMENT BOARD OF EDUCATION	
action against the Boar officers, directors, emp	d of Education of the Tovoloyees, and agents, all of pation in the activity and	n the above captioned activity, I hereb wnship of Delran in the County of Bur which collectively hereinafter referred hereby release, hold harmless, and dis	rlington, New Jersey, its d to as "Delran," arising out
assume all risk and dar		g all possible risk, I hereby expressly, v participation in this activity. These ris	
and release is freely an	d voluntarily given with t	and the terms used in it and their legal at the understanding that my right to legal articipation in the activity.	_
any crime of the first of an offense involving the dangerous substance of possessing weapons; a another person, terroris structure; causing or ris improper influence, per	r second degree; any crime possession, manufacture any violation involving of third degree crime as set stic threats, criminal restransking widespread injury of	do I have any charges pending for the ne bearing upon or involving sexual of re, transportation, sale, distribution, hadrug paraphernalia, including hypoder forth in Chapter 20 of Title 2C (theft) aint, luring or enticing child into motor damage; criminal mischief, burglary resisting arrest, escape; any conspirace	ffense or child molestation; abitual use of a controlled rmic needles; any crime of ; recklessly endangering or vehicle or isolated y, usury, threats and other
I have read and unders	tand the Waiver and Relea	ease Agreement.	
DATE:	Dlogg mint full name	Diagon sign full year	
	Please print full name	e Please sign full nam	16