

MCS Authorized Volunteer/Chaperone Application

(Please Print)

Date: _____ Activity/Organization: _____

School: _____ Name of Director/Teacher: _____

Name (Please Print) _____

Address: _____

Cell Phone: _____ Email: _____

Do you work for Monongalia County Schools: **YES or NO**.

If YES what location _____ If NO, Current Employer _____

Do you hold a valid WV Teaching license: **YES or NO**

Were you an Approved Authorized Volunteer/Chaperone for the above program in the past? **YES or NO**

If YES, what school year. _____

Have you completed a WV State Background Check for MCS Board of Ed: **YES or NO**

TB Test is needed IF you have been out of the Country in the past year.

SIGNATURES:

Director/Teacher Approval: _____

Principal's Approval: _____

Volunteer/Chaperone: _____

Return this form to MCS Human Resource Office

% Mary Beth Abate`

mary.abate@k12.wv.us