



Jon G. Hunter, Ed.D.
Superintendent of Schools

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Volunteer Registration

Please Print

Name:		Date of Birth:
Address:		
City:	State:	Zip Code:
Home Phone:	Work Phone:	E-mail Address:
Have you ever been convicted of a felony or any crimes against children? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain:		
In case of emergency, please contact:	Contact Phone:	Student's Name if Applicable:
Signature of Volunteer _____		Date _____

To be filled out by Advisor and Building Principal/Administrator:

Volunteer Placement (Building/Classroom/Activity):	
Signature of Advisor in Charge of Activity _____	Date _____
Signature of Administrator/Building Principal _____	Date _____

Return form to the school in which you are volunteering