



CORAL ACADEMY OF SCIENCE

1350 E. Ninth St. Reno, NV 89512 Tel: (775) 323-2332 Fax: (775) 323-2366 info@coralacademy.org
A Public Charter School

ADULT SCHOOL VOLUNTEER APPLICATION

(CONFIDENTIAL-Please Print)

Welcome and thank you for your interest in volunteering at Coral Academy of Science. In an effort to keep our school safe, we ask that you take a few moments to complete this volunteer application form. **Return the completed application to the school office.**

Date _____

Name _____
(Last) (First) (MI)

Address _____
(Street) (City & State) (Zip Code)

Phone _____ **Email** _____

***Social Security Number** _____ **Date of Birth** _____

***OPTIONAL-SS#** is used for the "Wants & Warrants" check. If used, SSN will be removed after ID check is completed.

Ethnic Code Identification: (Check the code that best represents your ethnic identity)

Alaskan / Indian _____ Asian / Pacific _____ African American _____ Hispanic _____ Caucasian _____

In Case of Emergency contact:

(Name) (Relationship to you) (Phone)

Are you a parent, guardian or caretaker for a child in a Coral Academy of Science School? If YES, please list student name/s:

If you do not have a child currently enrolled in at Coral Academy of Science, are you volunteering as part of a community organization or business member? If yes, please list the name/s:

If you are NOT a parent, guardian or caretaker, please provide two (2) references (non-relative) who know you:

(Name) (Relationship) (Phone) (Initial Reference Checked)

(Name) (Relationship) (Phone) (Initial Reference Checked)

OFFICIAL USE ONLY

Picture Id _____ School Police check _____ Valid DL _____ SO Check _____ Fingerprinting check _____
(Initial & attach a copy of picture ID)

Fingerprinting Authorization Signature _____
(When required)

Notes: _____

(Continued)