	EER APPLICATION	I	
Volunteer's Full Name:	Тос	day's Date:	
Volunteer's Address:			
Cell Phone:	_ Work Phone:		
E-Mail Address:			
Date Available to Begin:			
Are you a current Lampeter-Strasburg SD empl	loyee?		
If YES, what building(s) are you currently assign	ned:		
Please check the box beside the school(s) where	e you would like to volun	teer:	
Lampeter Elementary School			
Hans Herr Elementary School	□ Lampeter-Stra	asburg High School	
 Field Trip Volunteer Classroom Volunteer 	□ Club Voluntee	er	
Volunteer Signature Volunteer	Name Printed	Date	
Of	ffice Use Only		
Building where the volunteer applicant applied:	-		
Original Clearance Required Child Abuse Clearance State Police Clearance	Date Approved	Copy Attached w/ Application	
FBI Clearance IdentoGO (Optional, if resident PA for 10 or more years)	t of		
Principal Signature Pr	incipal Name Printed	Date	