



**Baldwin-Whitehall School District**  
**4900 Curry Road**  
**Pittsburgh, PA 15236**  
**412-884-6300**

## LIMITED CONTACT VOLUNTEER APPLICATION

APPLICANT'S NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
\_\_\_\_\_

PHONE: \_\_\_\_\_

NAMES / GRADE LEVELS OF ALL STUDENTS IN YOUR HOUSEHOLD:

\_\_\_\_\_  
\_\_\_\_\_

**Limited Contact Volunteers are required to follow all sign-in procedures at the school buildings and must wear school issued visitor badges while working in the capacity of a volunteer.**

This is to certify that the information I furnished is accurate and truthful to the best of my knowledge and belief. I hereby authorize the Baldwin-Whitehall School District to investigate any or all statements I have made with the understanding that any misrepresentation may be considered cause for refusal for approval or elimination of any/all volunteer positions.

DATE \_\_\_\_\_ SIGNATURE \_\_\_\_\_

Baldwin-Whitehall School District

### BUILDING OFFICE USE ONLY

Approved: Yes \_\_\_\_\_ No \_\_\_\_\_

If rejected provide reason: \_\_\_\_\_

\_\_\_\_\_

Administrator's Signature

Date