



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

LIMITED CONTACT VOLUNTEER APPLICATION

APPLICANT'S NAME: _____

ADDRESS: _____

EMAIL: _____

PHONE: _____

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