

**SCHOOL ADMINISTRATIVE UNIT #19**  
**11 School Street**  
**Goffstown, NH 03045-1908**  
**Telephone (603) 497-4818 \* FAX (603) 497-8425**

*Serving the Towns of Goffstown and New Boston*

**VOLUNTEER INFORMATION**

Please complete the applicable information below for our records:

PERSONAL INFORMATION		
<b>Last Name</b>	<b>First Name</b>	<b>Middle Initial</b>
<b>Mailing Address</b>		
<b>Home Phone Number</b>	<b>Cell Phone Number</b>	
<b>Personal Email Address</b>		

1. **Employment Application Agreement form, Criminal History Check and FBI Fingerprint Card**
2. **Confidentiality Statement**
3. **Volunteer Policy**
4. **Designated Volunteer Reimbursement form (Goffstown volunteers only)**

**I acknowledge receipt of the above school district information. I understand that it is my responsibility to read and follow all school district policies. Failure to follow school district policies is grounds for disciplinary action, up to and including termination of volunteering.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date