



GLOBAL CONCEPTS CHARTER SCHOOL VOLUNTEER FORM

Name of Volunteer: _____ Date: _____

_____ NY _____
House Number & Street Name City State

Home Phone: _____ Cell: _____ Work: _____

Emergency Contact: _____ Phone: _____

Volunteer Duties / Scope of Work (Describe Briefly):

Name of Program or University if applicable: _____

Supervisor's Name Department

Start Date End Date

Attach schedule (use separate sheet if necessary) Indicate the days of the months, time periods and people you are planning to work with:

Disclaimer: I understand that after reviewing GCCS's Volunteer Policy, the Principal/CEO may terminate this volunteer relationship/internship at any time if it causes any educational disruption of the educational process at GCCS. I also understand that I have an obligation to respect the confidentiality of any sensitive information or dealings, which may relate to my volunteering/interning at GCCS and I agree that I will not disclose any information without the prior written authorization from the Principal/CEO. I understand that my obligation continues into perpetuity

Volunteer Signature Date

Principal Signature Date