

## HEMPFIELD SCHOOL DISTRICT SENIOR SUBSTITUTE TAX RELIEF PROGRAM STUDENT VOLUNTEER APPLICATION

Last Name	First Name	Middle Name
Street Address		
City	State	Zip Code
Home Telephone	Cell Phone	Work Telephone
Date of Birth	Email	
References: Signature Required	I	
1. PRINCIPAL/COUNSELOR NAME		SIGNATURE
2		
TEACHER NAME	SUBJECT	SIGNATURE
3TEACHER NAME	SUBJECT	SIGNATURE
work for their own earned credit in understand that I will not be consider than ten (10) hours per week. I agr	y time to "stand-in" for taxpayers we the program and I will not directly dered an employee of the district and tee to comply with standards of behans of my knowledge, the information	receive anything of value. I d that I may volunteer no more avior and work rules of the
Student Signature		Date
Parent Signature		Date