

# Ocean Springs School District Volunteer Recommendation

Name:

SS Number (Last 4-digits)  Telephone

Address

Street/PO Box City State Zip

Volunteer Position

Effective Date

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Place of Employment	From (date)	To (date)	Number of Years
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Place of Employment	From (date)	To (date)	Number of Years
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Place of Employment	From (date)	To (date)	Number of Years

*This recommendation is approved pending:*

Criminal Background and Child Abuse Registry

References contacted for this volunteer

## FOR PERSONNEL USE ONLY

**Approvals:**

<b>Principal/Supervisor</b>	<b>Date</b>
<b>Chief Financial Officer</b>	<b>Date</b>
<b>Director of Human Resources</b>	<b>Date</b>
<b>Superintendent</b>	<b>Date</b>