



**Fox Chapel Area School District
Volunteer Application**

Date _____ **School** _____

Full Name

(First) (Middle) (Last)

Address

Phone Numbers Home _____

Cell _____ Work _____

Email Address _____

Do you have children or grandchildren in school? _____ Yes _____ No

If yes, where do they attend? (circle all that apply)

Fairview Elementary

Hartwood Elementary

Kerr Elementary

O'Hara Elementary

Dorseyville Middle

High School

Child's Name _____ Grade _____ Teacher _____

Child's Name _____ Grade _____ Teacher _____

Child's Name _____ Grade _____ Teacher _____

Individuals to Call in Case of Emergency (for volunteer)

Name _____ Phone _____

Name _____ Phone _____

Please submit this application, as well as the required clearances, to:

volunteers@fcasd.edu If you prefer, please mail to: Volunteer

Secretary,

Fox Chapel Area School District, 611 Field Club Road, Pittsburgh, PA 15238