

**WOLVERINES**



# WEST WENDOVER HIGH SCHOOL

P.O. Box 3830 2055 Elko Avenue  
West Wendover, Nevada 89883

**Craig Kyllonen**, *Principal* **Jared Holloway**, *Vice-Principal*  
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## Volunteer Application (Non-salaried position)

NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_

BIRTHDATE: \_\_\_/\_\_\_/\_\_\_ EMAIL ADDRESS: \_\_\_\_\_

SCHOOL SITE: West Wendover High School STUDENT NAME: \_\_\_\_\_

- Are there any limitations or restriction we should know about? \_\_\_\_\_

- Have you ever been convicted of a crime other than a traffic violation/infraction? No  N

(Mark Yes for a DUI, a misdemeanor, or a felony)  Y

- If YES please explain when, where, and the disposition: \_\_\_\_\_

- *I have read the Volunteer Orientation form and know the expectations of me as a volunteer regarding appropriate behavior, dress, language, student interactions, blood borne pathogens, child protection, confidentiality, site specific instructions and staff relationships.*
- *If I have any questions or concerns I will ask the teacher, coach, nurse, front office secretaries on administration.*
- *I consent to use the above data for the West Wendover Volunteer Database.*

**Volunteer Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Club/Advisor/Classroom Teacher:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Principal Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

This form must be completed and given to the Principal or Designee for approval. The classroom advisor or club advisor must also keep a copy on file.