

Lisa Palmer
Director of Personnel Development and Improvement

REGISTRATION FORM

Volunteer
 Student Mentor
 Other: _____

(To be submitted to BOCES Program Administrator for approval 2 weeks prior to start date)

DATE: _____

1. GENERAL INFORMATION

NAME: _____
ADDRESS: _____
PHONE: _____
AGENCY AFFILIATION: _____
CONTACT PERSON: _____
PHONE NUMBER: _____

2. DESCRIPTION OF DUTIES OR FUNCTIONS:

EFFECTIVE DATES: _____
DUTIES/FUNCTIONS: _____
NUMBER OF HOURS/WEEKS: _____
LOCATION(S): _____
BOCES STAFF MEMBER
Providing supervision: _____

APPROVED:

BOCES PROGRAM ADMINISTRATOR: _____ DATE _____

BOCES ASSISTANT SUPERINTENDENT/ DEPUTY DISTRICT SUPERINTENDENT: _____ DATE _____

(FORWARD THIS FORM TO THE PERSONNEL/ HUMAN RESOURCE SERVICES OFFICE)

RECEIVED:

DIRECTOR OF PERSONNEL DEVELOPMENT AND IMPROVEMENT

DATE