



Santa Cruz City Schools

School Internal Modification Work/Volunteer Approval Form

School _____ Date _____

Person(s) or Group Making Request _____

Contact Phone Number _____

School Principal's Signature _____ **Date** _____

<p>Work to be done by: <i>(Check all that apply)</i></p> <p>Adult Volunteers* (explain) _____ Student Volunteers _____ SCCS Teachers _____</p> <p>Contractor** _____ Facilities Service _____ Other (explain) _____</p>

*Release of Liability Agreement: Individuals performing volunteer work must sign a release of liability agreement provided by the school District (enclosed) before beginning any work on the school site.

Describe project _____

Target start date _____ Target completion date _____

Drawings attached *(Required)* Yes _____ No _____

Time frame of project (duration) _____

Materials to be used _____

Equipment/Tools to be used _____

Funding _____

**Contractor bid attached *(if applicable)* Yes _____ No _____ N/A _____

**Contractor must provide insurance to District if awarded, and requisition completed by site.

Director of Facilities Services Signature _____ **Date** _____

Assistant Superintendent Business _____ **Date** _____