



## NON-INSTRUCTIONAL SUBSTITUTE INFORMATION SHEET

Please fill out and return to: Dawn Demick  
P. O. Box 259  
Berlin, NY 12022

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Telephone: \_\_\_\_\_

**YES** I wish to be on the active non-instructional substitute list for the 2024-2025 school year.

**NO** I do not wish to be on the active non-instructional substitute list for the 2024-2025 school year.

Signature \_\_\_\_\_ Date \_\_\_\_\_

If you have checked **YES** to the above, please complete the remainder of the form by checking your response.

What school(s) **do** you wish to substitute in?      BMHS (6-12)      BES (K-5)

What area(s) **do** you wish to substitute in?

Bus Attendant      Bus Driver      Monitor      Typist      Teaching Assistant

Health Office Assistant      Food Service Worker      Custodial Worker

Additional information you think the school should know: