

Sandalwood High School

School Volunteer Information

(This form gets turned in for the school to keep; the other form goes to the district office for screening and is kept there for confidentiality reasons.)

Name: _____

Day Phone: _____ Evening Phone: _____

Do you have children who attend/will be attending our school? Yes No

Child's name: _____ Grade: _____ Teacher (if known): _____

Child's name: _____ Grade: _____ Teacher (if known): _____

Availability/Interests

I would like to volunteer: once a month once a week more than once/week
for special events/as needed

I would like to volunteer: Weekday Mornings Weekday Afternoons Evenings
Weekends

I would like to volunteer as a: Mark all that interest you; those with an asterisk (*) may require fingerprinting

classroom assistant office assistant guest speaker special events planner/helper
tutor*

field trip chaperone* mentor* volunteer coach* other

Health Information

Who should we contact in case of emergency?

Name: _____ Relationship to you: _____

Telephone: _____

home

work

mobile

Do you have any injuries, illnesses, or physical limitations we should be aware of? If yes, please describe.

Are you taking any medication we should be aware of in the event of emergency?

Do you currently have any contagious or infectious diseases? Yes No

If yes, you must provide a doctor's statement verifying that you can work with the public.

Have you been exposed to TB? If yes, explain:

Please return volunteer forms to:

Janie Roth, Vice Principal Sandalwood High School