

School Volunteer Information

Name: _____ E-mail: _____

Address: _____

Day Phone: _____ Evening Phone: _____

I was cleared to volunteer on _____ (date).

Age: 18-20 years 21-61 years 62 years & over * Gender: Male Female Birth Date: _____

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 (*) requires fingerprinting*

classroom assistant office assistant guest speaker special events planner/helper

tutor field trip chaperone mentor* 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: School Volunteer Liaison