

# VOLUNTEER REGISTRATION FORM

We appreciate your interest in your school and your offer to volunteer. **An incomplete or unsigned form will not be considered.**

School Site: \_\_\_\_\_

## A COPY OF YOUR DRIVERS LICENSE AND SOCIAL SECURITY CARD MUST BE ATTACHED

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Name \_\_\_\_\_

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Male  Female  Social Security # \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Business Phone: \_\_\_\_\_

School(s): \_\_\_\_\_ Teacher Name: \_\_\_\_\_

Student(s) Names: \_\_\_\_\_

Have you ever been convicted of a felony or misdemeanor criminal offense? Yes  No  If so, please give explanation and statement of sentence imposed. (Conviction does not necessarily disqualify candidate.) Failure to truthfully provide the information requested is cause for disqualification. \_\_\_\_\_  
\_\_\_\_\_

Emergency Contact Person \_\_\_\_\_

Emergency Phone \_\_\_\_\_

Number of Hours Available to Volunteer \_\_\_\_\_

Grade Level(s) \_\_\_\_\_

Please state your reason(s) for volunteering for the \_\_\_\_\_ School District.  
\_\_\_\_\_  
\_\_\_\_\_

Special skills you can offer: (i.e., art, languages, reading, math, drama, music, etc)  
\_\_\_\_\_  
\_\_\_\_\_

Personal References (not related):

Telephone Number:

1. \_\_\_\_\_

2. \_\_\_\_\_

Do you have any physical or health problems which would prevent you from performing specific kinds of work?

Yes  No  If yes, give details: \_\_\_\_\_

*Providing this information will not preclude you from volunteering; it will assist in providing a positive volunteering experience.*

Signature \_\_\_\_\_

Date \_\_\_\_\_

Revised: February 2004

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### OFFICE USE ONLY:

Volunteer's Supervisor: \_\_\_\_\_

TB Clearance applicable to district? Yes  No

Fingerprint/Criminal background check required? Yes  No

TB Clearance: \_\_\_\_\_

Fingerprint/Criminal background check \_\_\_\_\_

School Year: \_\_\_\_\_

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