



Volunteer Form

VOLUNTEER FORM

(Please print or type)

Background Check Form is available at the front office. The background check form must be submitted with the volunteer application. Submit all required documentation for background check.

Personal Data		
First Name:	Middle Name	Last Name
Date of Birth (MM/DD/YYYY)	Male/Female	Email:
Home Mailing Address:		
Home Phone:		Cell Phone:
Your Child's Name:	Grade:	Teacher:

Experience working with children: _____

TYPE OF VOLUNTEER SERVICE PREFERRED:

<input type="checkbox"/> Chaperone <input type="checkbox"/> Annual Function <input type="checkbox"/> Carnival <input type="checkbox"/> Hajj Simulation <input type="checkbox"/> Assist with displays/bulletin boards <input type="checkbox"/> Book Fair <input type="checkbox"/> Other School event. Please specify ____	<input type="checkbox"/> Math tutor <input type="checkbox"/> Clerical work <input type="checkbox"/> Chaperone <input type="checkbox"/> Small group work <input type="checkbox"/> Listen to students read <input type="checkbox"/> Tutor specified subject _____	<input type="checkbox"/> Clerical aid to teacher <input type="checkbox"/> Lunch room help <input type="checkbox"/> Special expertise to share in ----- <input type="checkbox"/> Assist with art activities	<input type="checkbox"/> Computer Skills <input type="checkbox"/> Library aide <input type="checkbox"/> Classroom aid <input type="checkbox"/> Bake Sale <input type="checkbox"/> Read aloud to students <input type="checkbox"/> Other _____
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Interest/Hobbies: _____

Please indicate the days and hours you can serve:

Monday	Tuesday	Wednesday	Thursday	Friday
Time:	Time:	Time:	Time:	Time:

Emergency Contact:

Name: _____

Phone: _____

Address: _____

For Office Use Only: Approved _____ Not Approved _____

Administration Signature/Date