

## School Volunteer Information

Name: \_\_\_\_\_ E-mail: \_\_\_\_\_ Phone: \_\_\_\_\_

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

- I was cleared to volunteer on \_\_\_\_\_ (date).
- Age: \_\_\_\_\_ 18-20 years \_\_\_\_\_ 21-61 years \_\_\_\_\_ 62 years & over \_\_\_\_\_ 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

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  
\_\_\_\_\_ general helper \_\_\_\_\_ field trip chaperone \_\_\_\_\_ mentor\* \_\_\_\_\_ Read It Forward \_\_\_\_\_ 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.