

White River School District

Volunteer Registration Form

School(s)/Site Preferred: _____			
Legal Name: _____	Last	First	MI
		<input type="checkbox"/> M	<input type="checkbox"/> F
All Previous Names (<i>maiden, previous married names, etc.</i>) _____			
Date of Birth _____			
Address: _____			
Street or Box Number			
City: _____	State: _____	Zip Code: _____	
Telephone: _____	E-mail: _____		
Student's Name(s): _____	School: _____	Grade: _____	

<input type="checkbox"/> Help in any way	<input type="checkbox"/> Volunteering one time only _____ <div style="text-align: right;">(date)</div> Event _____
<u>Non-Academic</u> <input type="checkbox"/> Clerical/office <input type="checkbox"/> Library help <input type="checkbox"/> Chaperone <input type="checkbox"/> Mentor	<u>Academic Assistance</u> <input type="checkbox"/> Tutoring - Subjects _____ <input type="checkbox"/> Senior Project Judge <input type="checkbox"/> Teacher's Assistant
<u>Curriculum Enrichment</u> <input type="checkbox"/> Music/drama/art <input type="checkbox"/> Career sharing/Vocational Ed <input type="checkbox"/> Computers/Technology <input type="checkbox"/> Other _____	<u>Special Populations/Groups</u> <input type="checkbox"/> Native American <input type="checkbox"/> Foreign Language/ESL _____ <input type="checkbox"/> Special Education <input type="checkbox"/> Gifted/Highly Capable <input type="checkbox"/> Other _____

Special Interests and/or Skills: _____

I understand that a State Criminal History Background Clearance is required and that my service as a volunteer in the public school system depends on approval. I release the White River School District from any liability as a result of receiving any information.

I have received a copy of the Volunteer Guidelines

Signature _____ Date _____

Volunteer ID Badge Needed? <input type="checkbox"/> YES <input type="checkbox"/> NO <small>(Not required for one-day only events)</small>
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WATCH OK (init) _____ Date _____
