



School District 2 Volunteer Registration Form

Date _____

Name: _____

Address: _____

Telephone: _____

At Work: _____

In case of emergency, notify:

Name: _____

Telephone: _____

Relationship: _____

Educational Background:

Public School: _____

University/College: _____

Other: _____

Other related qualifications:

Previous volunteer experience:

What kind of Volunteer work would you like to do?

Please indicate the days & times that you are available:

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Day							
Time							

Comments:

Personal References

1.

2.

3.

Policy 701 Completed _____

Criminal Record Check _____

I give permission for School District 2 to contact the above references for screening purposes. All personal information will be kept confidential, and is for school use only.

Signature

Date