



School: _____

School Year: _____ (must be completed each school year)

Volunteer Name: _____

Address: _____

Home Phone: _____ Cell Phone: _____

I have a child in this school: Yes – (names) - _____
 No

Areas of Expertise and Interest:

- Tutoring (subject/s) _____
- Driving
- Field Trips
- Classroom Help
- Special Events
- Other: _____
- Fundraising
- Food Days
- Library
- Office Help
- Coaching (sports)

Times Available: _____

- I agree to a volunteer reference check and/or criminal record check, as the principal deems necessary.
- I have never been convicted of an offense involving children/violence/illegal substances.
- I have never been refused permission to volunteer previously.

Applicant Signature: _____

For Principal Use Only

****See Risk Factor Protocol – Operational Procedures Form 430-2
High Risk Situations require a Criminal Record Check**

- Level of Risk:
- High
 - Medium
 - Low
 - Approved
 - Not Approved – (reason): _____

Principal's Signature: _____ Date: _____