

## Anglophone East School District Volunteer Registration Form

Name: \_\_\_\_\_

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

Telephone: \_\_\_\_\_ At Work: \_\_\_\_\_ Email: \_\_\_\_\_

Preferred method of contact: \_\_\_\_\_

In case of emergency, notify:

Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Please check one:

- Parent/Guardian   
  Grandparent/Relative   
  Community Member   
  Former Student

I am a  new  returning volunteer.

Which school(s) would you like to volunteer at? \_\_\_\_\_

Check all the Volunteer Opportunities that interest you:

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Reading Buddy                | <input type="checkbox"/> Breakfast Programs        | <input type="checkbox"/> Fluoride Program                |
| <input type="checkbox"/> Coach Sports                 | <input type="checkbox"/> Special Events            | <input type="checkbox"/> Fundraising                     |
| <input type="checkbox"/> Tutoring                     | <input type="checkbox"/> Field Trips               | <input type="checkbox"/> Administrative/Classroom Helper |
| <input type="checkbox"/> Guest Speaker                | <input type="checkbox"/> Lead an After School Club | <input type="checkbox"/> Enrichment                      |
| <input type="checkbox"/> Share a special talent _____ |  | <input type="checkbox"/> Other _____                     |

Please indicate the days & times that you are available:

Day	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Times (am/pm)							

Additional information:

- I understand that the completion of a criminal record check and Policy 701 is required and that my service as a volunteer depends on this clearance. I hereby give permission for the information on this form to be shared with the Community School Coordinator and school(s) of my choice.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Policy 701 Completed \_\_\_\_\_

Criminal Record Check \_\_\_\_\_