



Volunteer Registration Form

Please complete and return to the School or the Human Resources Office along with your other paperwork

Name _____

Address _____

City _____ State _____ ZIP _____

Daytime Phone Number: _____

Evening Phone Number: _____

Email Address: _____

Names of children or relatives attending school within the District. List names of children and what school(s) they attend:

Emergency Contact Information

Please provide the name and contact information for the person you would like us to contact in the event of an emergency.

Emergency Contact: _____

Relationship: _____

Home Phone: _____

Work Phone: _____

Physician: _____ Phone: _____

In the event of an emergency, I am releasing permission to seek help as listed above or the nearest doctor, hospital or ambulance available. I will assume responsibility for fees incurred by such emergency, if applicable.

Signature: _____ Date: _____