

# PARENT VOLUNTEER WILLINGNESS FORM

Dear Parents,

Thank you for your time to fill out this form! This form is to see who of the parents would like to volunteer to help our teachers in one of their classes using their skills, talents and experience. Please fill out this form and return it with your child. I assure you that Your information is locked and remains confidential!

Once your form is processed by the school, we will send you a packet of parent volunteer forms so you can fill out. These forms will help us ensure the safety of our students, where we will have a background check on interested parents. Volunteers must also attend at least ONE short training session which can be done electronically, in order to be approved. Volunteers are only required to attend training one time.

Thank you again and we look forward to working with you!

## **VOLUNTEER INFORMATION**

### **Contact Information:**

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Last Name	First Name	Middle Initial	Phone
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Street	City	State	Zip Code
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Emergency Adult Contact	Phone
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<b>Child's Name(s)</b>	<b>Grade</b>	<b>Homeroom Teacher</b>
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### **Please Check Appropriate Box:**

Are you willing to volunteer this school year?  Yes  No

New Parent  Returning Parent      Relationship to Child(ren): \_\_\_\_\_

If you are a returning parent, have you attended a training class in the past?  Yes  No

Would you like to volunteer full time or part time?  Full Time  Part Time

What month(s) are you able to volunteer? \_\_\_\_\_

What weekdays work for you?  Monday  Tuesday  Wednesday  Thursday  Friday