

**Volunteer Registration Form  
2016-2017**

The success of many of our programs depends on the support we receive from parent and community volunteers. By completing this form, your name will be added to our volunteer directory, and as needs arise at our schools, you may be called to help.

***Please note: This form must be completed and signed each year before you can volunteer.***

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

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

Phone Number \_\_\_\_\_

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

If you are a parent of a District #15 student, please complete the following:

Child's Name (First and Last) \_\_\_\_\_

School Attending \_\_\_\_\_ Grade \_\_\_\_\_

Teacher's Name \_\_\_\_\_

Please indicate at which buildings you are willing to volunteer (check all that apply):

\_\_\_\_\_ Hartford Elementary

\_\_\_\_\_ Lewis and Clark Elementary

\_\_\_\_\_ Lewis and Clark Junior High

Please indicate which grade level/s you are willing to volunteer:

When are you available (be specific)? \_\_\_\_\_

Have you ever been a school volunteer before (circle one)?      YES      NO

If yes, describe your role: \_\_\_\_\_

**Emergency Contact Information**

In the event of a medical emergency, do you have any health conditions we should be aware of?

Yes                      No

If yes, please list:

Person to contact in the event of an emergency: \_\_\_\_\_

\_\_\_\_\_  
Name (please print)                                      Relationship                                      Phone Number

1. I acknowledge that participation in the District 15 Volunteer Program is voluntary and I release District 15 from any claim for financial reimbursement now or in the future.
2. I grant permission to District 15 to use photos/videos taken of me in my volunteer assignment or public awareness, education, volunteer recruitment, or volunteer recognition purposes.
3. I have never been convicted of a felony and am not listed as a child sex offender.
4. I further acknowledge that all information is true and there are no restrictions keeping me from volunteering in a school environment.
5. I understand that the children and families in District 15 have a right to privacy and therefore will not discuss any observations or information related to specific children.
6. I understand that WRH ESD #15 does NOT provide insurance coverage for volunteers. I agree to assume all risk and waive any and all claims against the School District and its agents for death or any loss, injury, illness, or damage of any nature or kind, arising out of my supervised or unsupervised service to the School District.

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Name (Print)

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Signature of Applicant

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Date

**Please complete and return this form to Chrissy Malone in the District Office.**

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### For office use only

**\* Mandatory if volunteer will be working with students on more than a one-time/short term basis.**

Criminal Background check complete: Date \_\_\_\_\_ Person verifying \_\_\_\_\_

General description of assignment and name of immediate supervisor \_\_\_\_\_

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Child sex offender list checked: Date \_\_\_\_\_ Person verifying \_\_\_\_\_

Statewide sex offender database checked: Date \_\_\_\_\_ Person verifying \_\_\_\_\_