

# 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	
	AM	PM	AM	PM	AM	PM	AM	PM
<b>Times (am/pm)</b>								

**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**

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**Policy 701 Completed**

**Criminal Record Check**