

PTO (Parent Teacher Organization) & PILLARS (Partners In Living, Learning And Reaching Students) VOLUNTEER REGISTRATION FORM

Date _____

Name _____

Phone _____

Address _____

E-mail address (if checked regularly) _____

CHILDREN: Names, ages, grades

In case of emergency phone number

Spouse's name and occupation

Education: High School 1 2 3 4
 College 1 2 3 4 Graduate

Employment Experience _____

***If you are currently employed by Wal-Mart, please check here.** _____

Volunteer Experience _____

VOLUNTEER PREFERENCES

School Building (circle one): Primary Elementary
 Grade level preferred _____

Would enjoy:
 _____ tutoring one-on-one with a student in
 English _____ Math _____ Social Studies
 _____ Science _____ Health _____ Foreign Language

Would enjoy working with a classroom teacher by:
 _____ Reading to a student
 _____ Listening to a student read
 _____ Working with computers
 _____ Preparing materials for use by students
 _____ Doing clerical work: typing, making copies
 _____ Working on special projects that will last a designated time (bulleting boards, etc)
 _____ Sharing information on:
 _____ a career
 _____ trips taken
 _____ historical information
 _____ hobbies or your special interests
 _____ other: please explain _____

Would enjoy working at the school by:
 _____ sewing
 _____ serving as librarian
 _____ Playground Supervision
 _____ Gardening
 _____ helping with fundraisers (BLDG & PTO)
 _____ scheduling and restocking math & science kits
 _____ working in the school office
 _____ helping with traffic control

_____ completing at home projects
 _____ tracing, cutting, pasting
 _____ covering novels
 _____ helping out at special events with
 _____ set up/clean up
 _____ serving food/drinks
 _____ working at event
 _____ contacting volunteers
 _____ donating food items
 _____ donating supplies
 At these events:
 _____ Book Fair
 _____ Teacher Appreciation Week
 _____ Secretary's Day
 _____ Evening Family Events
 _____ Registration
 _____ Spirit Wear Sales

Would enjoy helping to coordinate:
 _____ Box Tops for Education
 _____ Campbell's Soup Labels
 _____ Teacher Appreciation Week
 _____ Secretary's Week
 _____ Volunteer Coordinator
 _____ Spirit Wear
 _____ Fundraising
 _____ PTO Officer next year

I will be available to help:
 _____ During school hours (morning or afternoon) please circle one
 _____ After school
 _____ Evenings

Please circle a day that works best for you:
 M T W Th F

Thank you for your input! Please return this survey to any school office. (Office staff-please forward completed forms to Susie Brauns.)

Criminal Conviction Information

Are you a child sex offender? _____

Have you ever been convicted of a felony? _____ If you answered YES, list all offenses.

Offense	Date	Place
_____	_____	_____
_____	_____	_____

If requested, are you willing to consent to a criminal background investigation? _____

Waiver of Liability

The School District does not provide liability insurance coverage to non-district personnel serving as volunteers for the School District. The purpose of this waiver is to provide notice to prospective volunteers that they do not have insurance coverage by the School District and to document the volunteer's acknowledgment that they are providing volunteer service at their own risk.

By your signature below:

1. You acknowledge that the School district does not provide insurance coverage for the volunteer for any loss, injuries, illness, or death resulting from the volunteer's unpaid service to the School District.
2. You agree to assume all risk for death or any loss, injury, illness, or damage of any nature or kind, arising out of the volunteer's supervised or unsupervised service to the School District. Agree to waive any and all claims against the School District, or its officers, Board Members, employees, agents, or assigns, for loss due to death, injury, illness, or damage of any kind arising out of the volunteer's supervised or unsupervised service to the School District.

Date

Signature of Volunteer

Printed Name of Volunteer