



**JACKSON R-2
EAST ELEMENTARY
VOLUNTEER REGISTRATION FORM**

LAST NAME FIRST NAME MIDDLE INITIAL

Home address City State Zip

Home/Cell Phone E-mail address

Work Phone Business/Organization

HEALTH RESTRICTIONS, if any: _____

HAVE YOU EVER BEEN ARRESTED? ____ YES ____ NO IF YES, PLEASE EXPLAIN: _____

THERE ARE MANY OPPORTUNITIES TO VOLUNTEER AT EAST ELEMENTARY. PLEASE INDICATE BELOW WHICH ACTIVITIES YOU WOULD BE INTERESTED IN VOLUNTEERING FOR. YOU MAY BE CONTACTED ABOUT VOLUNTEERING FOR OTHER ACTIVITIES IN ADDITION TO WHAT YOU INDICATE ON THIS FORM. **A BACKGROUND CHECK IS REQUIRED FOR ALL VOLUNTEERS AT EAST ELEMENTARY. THIS IS AT NO COST TO THE VOLUNTEER.**

- | | |
|--|---|
| <input type="checkbox"/> Tutor | <input type="checkbox"/> Health/Dental Screenings |
| <input type="checkbox"/> Reading Volunteer | <input type="checkbox"/> Play Day (End of year) |
| <input type="checkbox"/> Classroom Assistant | <input type="checkbox"/> Picture Day |
| <input type="checkbox"/> Clerical | <input type="checkbox"/> Other |

DAYS AND TIMES AVAILABLE TO VOLUNTEER: _____

CAREER/VOLUNTEER EXPERIENCE/TALENTS/LANGUAGES/SKILLS/HOBBIES: _____

NAMES/GRADES/TEACHERS OF CHILDREN IN SCHOOL: _____

My signature below indicates that I agree to abide by the rules and policies of the Jackson R-2 School District. **I understand that a background check must be completed to be a volunteer at East Elementary.**

VOLUNTEER SIGNATURE DATE