

Brookings-Harbor School District 17-C

"Every Student Can Succeed"

BROOKINGS HARBOR SCHOOL DISTRICT VOLUNTEER REGISTRATION FORM

Name: _____ Date: _____

Address: _____ City: _____ Zip: _____

Telephone (Day): _____ (Eve): _____

Emergency Contact: _____ Phone: _____

E-Mail Address: _____

Volunteer Location Preference: _____

Name of Student(s): _____

Specific Day or Time Available for Volunteering: _____

Past Volunteer Experience: _____

Resources/Enrichment: Do you have a special skill/hobby you would like to share with students?

Areas of Interest:

Library

Athletics

Book Fairs

Classroom Assistant

Chaperone on a Field Trip

Art Project Prep

Clerical

Booster Club

Correcting Papers

Other _____

***I have read the volunteer/chaperone handbook and agree to follow its guidelines.**

Signature

Date