



East Feliciana Public Schools

VIPS (Very Important Participating Stakeholders) Program

Volunteer Registration Form for 2017-2018

Program Information

By completing this form, you are consenting to release all information to the East Feliciana Public Schools.

Select a program: 20-minute Read EF VIPS Rural Men Read Other: _____
 I am also able to assist the EFPSB office with miscellaneous volunteer opportunities

Personal Information

Preferred's Name: _____
(First) (Middle) (Last)

Address: _____

City: _____ State: _____ Zip Code: _____

Telephone: _____ home _____ cell or work

Email: _____ How often do you check your email? Daily Occasionally Rarely Never

Preferred Method of Contact: Phone Email

Have you ever been arrested: Yes No If yes, list charges and dates: _____

Community Affiliations: _____
(church, clubs, service or professional organizations)

Emergency Contact: _____
(Name) (Relationship) (Number)

Service Information

How did you hear about EF VIPS? _____

School Preference: _____

Days/Times Available to Volunteer: Monday @ _____ Tuesday @ _____ Wednesday @ _____

Thursday @ _____ Friday @ _____

Have you every committed a crime? Yes No

If yes to the above questions, please explain the details of the conviction: _____

BY SIGING THIS FORM, YOU ARE INDICATING THAT YOU HAVE READ THE QUESTIONS AND ANSWERED THEM TRUTHFULLY.
YOU ALSO UNDERSTAND THAT EFPSB HAS THE RIGHT TO REQUIRE A BACKGROUND CHECK OF ALL VOLUNTEERS.

SIGNATURE: _____ DATE: _____