



Perry County School District No. 32

326 College St., Perryville. MO 63775

www.perryville.k12.mo.us * (573-547-7500) * fax(573-547-2160)

VOLUNTEER REGISTRATION FORM

Today's Date _____

Name: _____

Address: _____

City, State, Zip, Code: _____

Home Telephone Number: _____ Work: _____ Cell: _____

E-mail Address: _____

Employer: _____ Occupation: _____

May we share you contact information with other parent volunteers? _____ YES _____ NO

Name of Volunteer's Student(s): _____

School Attending: _____

Grade Level: _____

EMERGENCY INFORMATION

Emergency Contact: _____

Relationship: _____

Emergency Contact Telephone Number(s): _____

Other emergency information you should know: _____

SCHOOL VOLUNTEER CONFIDENTIALITY AGREEMENT (Form 1425.1)

I read the volunteer handbook and understand that in the course of my volunteer time with the Perry County School District #32, I may become aware of confidential information about specific students. This information may include such information as students' grades, academic performance, behavior, disabilities, and related matters. I understand and agree that I will not disclose such confidential information except to school employees that have a need to know.

Volunteer Signature: _____ Date: _____

Volunteer Handbook/Form is located <https://www.perryville.k12.mo.us/o/district-32/browse/132871/>

You must submit a FCSR clearance result to Sharon Wibbenmeyer at the Board of Education Office, ext. 500