VOLUNTEER REGISTRATION

Name: _____
First Middle Initial Last

Previous name used/maiden name: _____

Phone: _____

Mailing Address:_____

_____

Date of Birth:_____Email Address: _____

I understand that the primary role of a volunteer is to support the mission of the school. I am not placed in a disciplinary role with students. I also understand that I am not in school to evaluate teachers or staff. All information about students is federally protected, and I clearly understand that I cannot share personal or private information regarding students with others. Sharing such information is not only a violation of this law; it also places me in a position of being held accountable for such confidentiality breach. I also understand that the need for volunteer services is determined by the building administrator and may be discontinued at any time.

My signature below constitutes an understanding of the above statement and authorizes AOS 98 to conduct a background check on me for the safety and well-being of the students.

_____ _____
Date Signature

I am volunteering to work with students at: Boothbay Elementary ( ) Boothbay High ( ) Southport Central ( ) Edgecomb Eddy ( ) Georgetown Central ( )

Please check off the volunteer opportunities that you are interested in:

( ) Tutoring Students one on one or small group under direct supervision of classroom teacher
( ) Using special musical, artistic, or other talents to entertain/extend student learning
( ) Assist in school plays, music program or other extra-curricular activities
( ) Library services or reading to children
( ) Field Trips
( ) Sports
( ) Lunchroom or recess duty (assist student play)
( ) Assist teachers in assembling instructional materials
( ) Host Parent
( ) _____
Note: Volunteers may not transport students in private vehicles. (Additional approval required)