

To be completed
every school year

KITTITAS SCHOOL DISTRICT

PLEASE ATTACH A COPY OF
CURRENT DRIVER'S LICENSE

Volunteer Registration Form

School(s) / Program where you wish to volunteer: _____

Legal Name: _____

Date of Birth: _____ Male _____ Female

Address: _____

Telephone: _____ Email: _____

Student(s) Name(s): _____

School: _____ Grade: _____

<input type="checkbox"/> Help in any way	<input type="checkbox"/> Volunteer one time only _____ Date _____
<u>Non-Academic</u>	Event _____
<input type="checkbox"/> Athletics- Sport(s) _____	<u>Academic Assistance</u>
<input type="checkbox"/> Clerical/Office	<input type="checkbox"/> Tutoring- Subject(s) _____
<input type="checkbox"/> Library	<input type="checkbox"/> Senior Project Judge
<input type="checkbox"/> Chaperone	<input type="checkbox"/> Teacher Assistant
<input type="checkbox"/> Mentor	
<u>Curriculum Enrichment</u>	<u>Special Populations Groups</u>
<input type="checkbox"/> Music/Drama/Art	<input type="checkbox"/> Foreign Language/ESL
<input type="checkbox"/> Career sharing/Vocational Ed	<input type="checkbox"/> Special Education
<input type="checkbox"/> Computers/Technology	<input type="checkbox"/> Gifted/Highly Capable
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____

Special interests and/or skills _____

I understand that a State Criminal History Background Clearance is required and that my service as a volunteer in the public school system depends on approval. I release the Kittitas School District from any liability as a result of receiving any information this background check may produce.

I swear to keep confidential information confidential. As a volunteer you may become aware of private information that should not be shared with anyone else, not even family members.

Signature _____

Date _____

WATCH Result/Date: _____