

Meadowdale Middle School Volunteer Application



Volunteer @ MMS

Contact Information

First Name:	Last Name:
Best Phone#:	Email:
Languages Spoken:	
Interests, Hobbies, Skills:	
Health Issues we need to know about:	
Local Emergency Contact Name & Phone Number:	

Please check all that apply

<input type="checkbox"/> Parent Volunteer	Student Name:
<input type="checkbox"/> Community Volunteer	Organization Name:
<input type="checkbox"/> Student Volunteer	Your School Name:

My work place promotes volunteerism and supports our community. I could:

<input type="checkbox"/> Match fundraising money	<input type="checkbox"/> Post volunteer opportunities at my workplace
<input type="checkbox"/> Donate office supplies (paper, pens, notepads, etc.)	<input type="checkbox"/> Donate items or gift certificates for fundraisers

Availability

<input type="checkbox"/> Flexible—call me anytime.	<input type="checkbox"/> One day each week (lunch monitor, tutor, etc.)
<input type="checkbox"/> Before school (7:00 to 8:00am)	<input type="checkbox"/> After school (2:30 to 4:00pm)
<input type="checkbox"/> Limited to 1 or 2 special events	

Our Volunteer Policy

ALL VOLUNTEERS MUST have a completed and cleared **Washington State Patrol Background Check** on file in the office prior to volunteering. Please complete the attached forms.

FIELD TRIP DRIVERS, in addition to the background check, please attach:

- A copy of your driver's license;
- A copy of your insurance policy; and
- A copy of your driving record. (You can get a copy of your driving record from the Department of Licensing on Hwy 99. Just complete their form, pay a \$10 fee and show your I.D.)

Turn in all forms to Sue Raymond in our office 2 days prior to volunteering for processing.

I understand that all volunteering relationships established through the Edmonds School District take place with student(s) on the school campus during school hours or at other school authorized activities **ONLY**. I also understand that the Edmonds School District has a **ZERO-TOLERANCE** policy with regard to drugs and alcohol, sexual harassment, and weapons.

Signature: _____ Date: _____

Please return your completed forms to our school office. Allow 2 days for processing. For more information about volunteer opportunities contact Joe Webster 425.431.7709 or Lisa Conley conleyl@edmonds.wednet.edu