

Estacada School District School Volunteer Registration Form

Date: _____

VOLUNTEER INFORMATION:

Last Name: _____ First Name: _____ Middle Initial: _____
 Address: _____
 City: _____ State: _____ Zip: _____
 Home/Cell Phone: _____ Business Phone: _____
 E-mail Address: _____

EMERGENCY INFORMATION: In case of an emergency, please notify:

Name: _____ Home Phone: _____
 Address: _____ Business Phone: _____

Type of Volunteer:

Parent Grandparent Student Community Member Other: _____

Preferred Schools:

Clackamas River Elementary River Mill Elementary Estacada Middle School
 Estacada High School

Preferred Time for Volunteering:

Daily Weekly Monthly Occasionally

Preferred Day(s) of the Week:

Monday Tuesday Wednesday Thursday Friday

Time of Day Available: From: _____ To: _____

Type of Volunteer Work Preferred:

Classroom Library Clerical Special Events Field Trips Other

Do you have skills and/or talents that you are willing to share w/students?

Hobbies: _____
 Professional: _____
 Special Skills: _____

Comments/Ideas: _____

Child's Name:	School:	Grade:	Teacher:
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Please complete the background check form also. Forms must be completed annually.