

**WASHINGTON COLONY ELEMENTARY SCHOOL  
APPLICATION FOR VOLUNTEER ASSISTANCE  
2025-2026**

NAME OF ADULT: \_\_\_\_\_ SS#: \_\_\_\_\_

ADDRESS \_\_\_\_\_  
Street PO Box City Zip

Phone: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

**Children attending Washington Colony School:**  
**Name** **Grade**

**Teacher**


**In what capacity are you interested in serving as a volunteer? (Mark all that apply)**

**Please mark how many days you are willing to serve as volunteer in each marked categories.**

	Office/clerical	
	Classroom Assistance	
	Playground/cafeteria assistance	
	Facilities Project Assistance	
	Field Trip (school or evening hours)	
	Field Trip (overnight excursion)	
	Library (assist during school or evening)	
	Other:	

**\*A TB & Megan's Law clearance is required for all in classroom volunteer applicants\***  
**\*\*Field Trip forms must be submitted to front office two weeks before field trip\*\***  
**(Guideline forms found in the front office)**  
**Megan's Law clearance is required for all volunteer's.**

Volunteer Name (Print) \_\_\_\_\_ Volunteer Signature \_\_\_\_\_ Date of Application \_\_\_\_\_

Site Administrator Approval \_\_\_\_\_ Date \_\_\_\_\_

D.O. Use only:		
_____ TB Clearance	Date: _____	Expiration Date: _____
_____ Megan's Law Clearance	Completed by: _____	

