Volunteer Enrollment Form

Please return this enrollment form and the background check form to any school office or the District Administration Building.

Personal Information:

Name: _____
First Middle Last

Address: _____ City, State Zip: _____

Phone (day): _____ Phone (evening): _____

Email: _____

Volunteer Profile:

At what school(s) will you volunteer?

☐ Family Center ☐ Captain Elementary ☐ Glenridge Elementary ☐ Meramec Elementary
☐ Wydown Middle School ☐ Clayton High School

In what capacity are you volunteering? (Name of organization, if any.)

☐ Parent or Guardian Volunteer. Name of child(ren): _____
☐ Corporate/Professional Volunteer. Organization: _____
☐ Community/Organization Member. Organization: _____
☐ College/Graduate Student. School: _____
☐ Athletic Coach (fingerprint clearance required). Sport: _____

Emergency Contact Information:

In case of an emergency, the District should contact:

Name: _____
First Last

Relation: _____ Phone: _____

Please initial next to each statement and sign below to note agreement to terms.

____ I have reviewed the training materials and will adhere to the volunteer expectations set by the School District of Clayton.

____ I authorize the School District of Clayton to conduct the Family Care Safety Registry and Sex Offender background checks.

____ I have reviewed the Allergy Policy for the School District of Clayton.

Signature: _____ Date: _____