

Reedsville Public School District Volunteer Enrollment Form

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____

How are you willing to volunteer? (check all that apply)

- | | |
|--|---|
| <input type="checkbox"/> Within the K-4 grade level | <input type="checkbox"/> One-on one tutoring |
| <input type="checkbox"/> Within the 5-8 grade level | <input type="checkbox"/> Field trips |
| <input type="checkbox"/> Within the 8-12 grade level | <input type="checkbox"/> Supervising activities |
| <input type="checkbox"/> Clerical help | <input type="checkbox"/> After school programs |

What days of the week are you available to volunteer? (check all that apply)

- Monday Tuesday Wednesday Thursday Friday

What time of the day are you free to volunteer?

How often are you willing to volunteer? (check one)

- | | |
|--|---|
| <input type="checkbox"/> More than once a week | <input type="checkbox"/> Once a month |
| <input type="checkbox"/> Once a week | <input type="checkbox"/> Other (please explain) |

I, as a volunteer working in the Reedsville Public School District, fully understand that this position is on a volunteer basis, which inherently in its meaning, entitles me to no pay or wages from the Reedsville Public School District for my services. I understand that I will follow all rules, district policies and guidelines to the best of my ability and will be under direct supervision of the building administrator. I also understand that I am in no way to disrupt, alter, challenge, change, or hinder the educational process or curriculum at any time, or in any way. I understand that this volunteer agreement can be terminated without notice at any time by either the school district or the volunteer.

Volunteer Signature: _____ Date: __/__/__

Building Administrator Signature: _____ Date: __/__/__