

**WEST DELAWARE VOLUNTEER PROGRAM
VOLUNTEER REGISTRATION FORM**

Volunteers are an important resource to the educational process in the West Delaware Schools. Please complete the information below and on the back so that we may best utilize your time and talent. Regular, ongoing help is not necessary. Thank you!

RETURN THIS FORM TO: Teresa Griffith, Volunteer Coordinator, Middle School, 927-3515, ext. 207
OR to any school office Email: teresagriffith@w-delaware.k12.ia.us

Name _____ Registration Date _____

Address _____

Home Phone _____ - _____ - _____ Cell phone _____ - _____ - _____ E-mail _____

Employer _____ Business Phone _____

Current Occupation _____

Other occupational experiences _____

Retired? _____ yes _____ no Names and grades of any children in school _____

Do you have any health or physical limitations that might affect certain types of volunteer positions? _____ yes _____ no
If yes, please list:

In case of emergency, contact: _____
Name Phone Relationship

Where and when are you available?

_____ District (help anywhere needed) _____ Elementary (K-5) _____ Middle School (6-8) _____ High School (9-12)

Time(s) available: _____ Daily _____ Weekly _____ Variable, Occasional Other: _____

If you have specific hours on specific days, please list here: (Example, 8:00-9:30 on Tuesdays)

Monday _____

Tuesday _____

Wednesday _____

Thursday _____

Friday _____

Do you have a specific class or teacher request? _____

PLEASE FILL OUT THE BACKSIDE TO LET US KNOW YOUR INTERESTS/TALENTS.