



**SCHOOL VOLUNTEER  
REGISTRATION FORM**

**FORM 499-01**

School

Name – Mr. /Mrs. /Ms

Address

Day Phone

Evening Phone

Do you have children or grandchildren registered in this school? Yes  No

Identify the type of volunteer activity you would prefer.

Identify any skills or interests you would be willing to share with students

Check the level(s) preferred:

<input type="checkbox"/> Kindergarten	<input type="checkbox"/> Gr. 1	<input type="checkbox"/> Gr. 2	<input type="checkbox"/> Gr. 3
<input type="checkbox"/> Gr. 4	<input type="checkbox"/> Gr. 5	<input type="checkbox"/> Gr. 6	<input type="checkbox"/> Jr. High
<input type="checkbox"/> Sr. High	<input type="checkbox"/> Workroom	<input type="checkbox"/> Gymnasium	<input type="checkbox"/> Office
<input type="checkbox"/> Library	<input type="checkbox"/> Other		

Check the days and hours you are available:

<input type="checkbox"/> Mon.	<input type="checkbox"/> Tues.	<input type="checkbox"/> Wed.	<input type="checkbox"/> Thur.	<input type="checkbox"/> Fri.
<input type="checkbox"/> A.M.	<input type="checkbox"/> A.M.	<input type="checkbox"/> A.M.	<input type="checkbox"/> A.M.	<input type="checkbox"/> A.M.
and/or	and/or	and/or	and/or	and/or
<input type="checkbox"/> P.M.	<input type="checkbox"/> P.M.	<input type="checkbox"/> P.M.	<input type="checkbox"/> P.M.	<input type="checkbox"/> P.M.