West Bath SAU
Volunteer Registration
(PRINT clearly/one applicant per form please)

Name: ___________________________________ Phone: ____________________________

Mailing Address: ___________________________________________________________________

Date of Birth: __________________ E-mail Address: ________________________________

I understand that the primary role of a volunteer with the WBSAU is to support the mission of the school. I am not placed in a disciplinary role with students. I also understand that I am not in school to evaluate teachers or staff. All information about students is federally protected, and I clearly understand that I cannot share personal or private information regarding students with others. Sharing such information is not only a violation of this law; it also places me in a position of being held accountable for such confidentiality breach.

My signature below constitutes an understanding of the above statement and authorizes the West Bath SAU to conduct a background check on me for the safety and well being of the students.

Date: ___________________ Signature: __________________________________________

Please check off the volunteer opportunities that you are interested in:

Grade Preference: K-2____ 3-5____
( ) Reading with students in K-2 classroom ( ) Library
( ) Math Assistance ( ) Art class
( ) Assist with specific project/lesson ( ) Music class
( ) Share a special hobby or skill in classroom ( ) Phys. Ed class
( ) Field trip ( ) Computer class
( ) Cafeteria ( ) Parent/Teacher/Community Member Organization
( ) After school clubs
( ) Willing to volunteer for a specific event: ______________________________________

Please indicate day of week you are available to volunteer:
Mon. ___am ___pm Tues. ___am ___pm Wed. ___am ___pm Thurs. ___am ___pm Fri. ___am ___pm

Are you available to volunteer one day per week for the school year? If so, please indicate what day.
____________________________________________________________________________________

Additional thoughts, special skills or interests you may have to share:
____________________________________________________________________________________

____________________________________________________________________________________

For Office use only: Date ______________ ( ) APPROVED ______INITIAL
( ) NOT APPROVED ______INITIAL Action taken:

____________________________________________________________________________________

First Reading: 06/08/15
Second Reading: 06/24/15
Adopted: 06/24/15