

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** _____

- | | |
|---|---|
| <input type="checkbox"/> Reading with students in K-2 classroom | <input type="checkbox"/> Library |
| <input type="checkbox"/> Math Assistance | <input type="checkbox"/> Art class |
| <input type="checkbox"/> Assist with specific project/lesson | <input type="checkbox"/> Music class |
| <input type="checkbox"/> Share a special hobby or skill in classroom | <input type="checkbox"/> Phys. Ed class |
| <input type="checkbox"/> Field trip | <input type="checkbox"/> Computer class |
| <input type="checkbox"/> Cafeteria | <input type="checkbox"/> Parent/Teacher/Community Member Organization |
| <input type="checkbox"/> After school clubs | |
| <input type="checkbox"/> 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