

VOLUNTEER REGISTRATION FORM

Annual approval is required. Please return form to your building principal.

SCHOOL _____

Thank you for your offer of volunteer assistance for Troy Schools. Please provide the following information:

Please print clearly.

NAME _____

ADDRESS _____

HOME PHONE _____ CELL PHONE _____

EMERGENCY CONTACT _____

TELEPHONE _____

Are you related to anyone in the building? If YES, please provide name:

Are you affiliated with a specific organization? If YES, please indicate organization:

What type of volunteer assistance are you providing?

Have you ever been convicted of anything other than a vehicle or traffic violation?

PERSONAL REFERENCES:

NAME _____ PHONE _____

NAME _____ PHONE _____

Volunteer's Signature _____ DATE _____

Principal's Signature _____ DATE _____

For office purposes only: Return form to Principal for signature. Send copy to the Human Resources Office for approval by the Board of Education.