



2019-2020
VOLUNTEER / CHAPERONE
REGISTRATION FORM
Please Print

Y/N

Name
Address
Tel.: Zip
e-mail:

I Am A Returning Volunteer
Have you had a Criminal Records Check for the Alton School District? Yes / No
If Yes, When?

I Am A New Volunteer

Children in School: (name, grade and home room, if known)

(1) (2)
(3) (4)

Special interests, skills, and hobbies you would like to share with the students:

Type (s) of volunteer service preferred:

- After School Enrichment Program
Art: Put up displays
Book Fair
Classroom Assistant (details below)
Concert Support
Dance Chaperone
Drama: set design, sew costumes
Field Trip Chaperone
Photocopies
Reading/math games with children
Room Parent (Grades K-3 only)

Availability: How often per week: which day (s): hours:

Grade (s) you would be comfortable working with: Elem. M. S.

Emergency Contact

Emergency phone number

I DO / DO NOT give permission to share my phone/email information for the purpose of coordinating a volunteer activity. (Please circle one.)

I understand that by signing this registration form, I have agreed to keep all student information confidential as required by FERPA, the Federal Education Rights to Privacy Act.

I understand that I will need to be fingerprinted and have a background check PRIOR to volunteering and/or chaperoning at Alton Central School.

Signature Date

OFFICE USE ONLY CHR Cleared Date : Initials :