

**Estacada School District
School Volunteer Registration Form**

Date: _____

Last Name: _____ First Name: _____ Middle Initial: _____

Address: _____

City: _____ State: _____ Zip: _____

Home/Cell Phone: _____ Business Phone: _____

E-mail Address: _____

EMERGENCY INFORMATION: In case of an emergency, please notify:

Name: _____ Home Phone: _____

Address: _____ Business Phone: _____

Type of Volunteer:

Parent Grandparent Student Community Member Other: _____

Preferred Schools:

Clackamas River Elementary Eagle Creek Elementary River Mill Elementary
Estacada Junior High Estacada High School

Preferred Time for Volunteering:

Daily Weekly Monthly Occasionally

Preferred Day(s) of the Week :

Monday Tuesday Wednesday Thursday Friday

Time of Day Available: From: _____ To: _____

Type of Volunteer Work Preferred:

Classroom Library Clerical Special Events Field Trips Other

Do you have any of the following skills and/or talents that you are willing to share w/students?

Hobbies: _____

Professional: _____

Special Skills: _____

Comments/Ideas:

Child's Name: _____ School: _____ Grade: _____ Teacher: _____

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Please complete the background check form also. Forms must be completed annually.