

Amelia County Elementary School



PTA VOLUNTEER FORM

Help us make a positive difference in lives of our ACES Students!

If you have a little, or a lot, of extra time and would like to volunteer, ACES PTA would love for you to join our team!

Volunteer's Full Legal Name: _____

Physical Address: _____ Zip Code _____

Phone #: _____ E-Mail: _____

Child's Name: _____

Child's Teacher: _____ Child's Grade _____

I would like to Volunteer for the following:

____ Holiday Shop ____ Roar Events ____ Book Fairs (Spring / Fall) ____ Copies/ Special Projects

Please specify what days of the week work best for you:

____ Monday ____ Tuesday ____ Wednesday ____ Thursday ____ Friday

____ Mornings ____ Afternoon

Have you ever been convicted of a criminal offense or an offense involving the sexual molestation, rape, physical or sexual abuse of a child? Please indicate Yes or No _____

I understand that all volunteers will be checked against the Virginia State Police Sex Offender and Crimes Against Minors Registry and I further attest that all information contained in this application is accurate to the best of my knowledge.

Signature: _____ Date: _____

Please complete and return to the school. For the protection of our students, staff, and school system please bring your photo ID to our main office to be scanned into the Raptor System.

