

VOLUNTEER REGISTRATION

WELCOME TO CARBONDALE ELEMENTARY DISTRICT #95

In a continuing effort to build a strong school community, provide opportunities to interact with the students and assist our schools in this educational setting, adults interested in volunteering must complete this form. I understand that by completing an application, I am agreeing to a background check required by state law and to abide by the policies and procedures of Carbondale Elementary School District #95 School Board and its facilities. I understand that my personal information will remain confidential, and that I am expected to keep confidential all information I may hear or see while volunteering.

LAST NAME: _____ FIRST NAME: _____ MI: _____

STREET ADDRESS: _____

CITY: _____

STATE: _____ ZIP: _____

EMAIL: _____

PHONE NUMBER: _____

BIRTHDATE (MONTH / DAY / YEAR): _____

SOCIAL SECURITY NUMBER: _____

MAIDEN NAME: _____

RACE: _____ SEX: _____

DRIVER'S LICENSE NUMBER: _____

DRIVER'S LICENSE STATE: _____

STUDENT NAME: _____ GRADE: _____ TEACHER: _____

STUDENT NAME: _____ GRADE: _____ TEACHER: _____

STUDENT NAME: _____ GRADE: _____ TEACHER: _____

STUDENT NAME: _____ GRADE: _____ TEACHER: _____