

VOLUNTEER FORM

Name: _____

Phone #: Home: _____ Work/Cell: _____

Child/Children's Names: _____

* Only one form necessary for all your students.

Teacher(s): _____ Grade Level: _____

What is the best time to reach you? _____

Is there any specific day/time you are not available? _____

How would you like to volunteer? (Check as many as you want)

Picture taking events (directing children)

Book Fair (taking money)

Various PTO events

Other specialty you would like to share _____

Any other ideas or suggestions?

Before you begin volunteering, you will be asked to fill out a Safe Schools Project Consent Form in the office. It is an AISD requirement to perform a criminal history background check on all volunteers to be in compliance with the Fair Credit Reporting Act. This was brought about to help keep our children safe. This is a confidential form. The PTO does not process these forms, nor have any access to the information you provide on the form.