



New Volunteer Returning Volunteer Date ____/____/____

VIPS VOLUNTEER REGISTRATION FORM

(Please return to the VIPS Building Coordinator at your school)

School(s) you plan to volunteer in: EF MH NF TT MP LAW FHS

Name: _____ Email Address _____

Mailing Address: _____

_____ Is this a new address since last September? Yes No

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Please check any areas you have an interest in volunteering.

- | | | |
|--|--|---|
| <input type="checkbox"/> Art/Art Appreciation | <input type="checkbox"/> Mentoring (grades K-8) | <input type="checkbox"/> School Council |
| <input type="checkbox"/> Books & Beyond | <input type="checkbox"/> Mentoring (grades 9-12) | <input type="checkbox"/> Science |
| <input type="checkbox"/> Computers | <input type="checkbox"/> Music | <input type="checkbox"/> Social Studies |
| <input type="checkbox"/> Driver/Chaperone | <input type="checkbox"/> Office/Clerical | <input type="checkbox"/> Special Needs |
| <input type="checkbox"/> Home (<i>bake, phone calls, sew</i>) | <input type="checkbox"/> Project Inquire | <input type="checkbox"/> Staff Appreciation |
| <input type="checkbox"/> Language Arts | <input type="checkbox"/> Project RISE | <input type="checkbox"/> Tutoring |
| <input type="checkbox"/> Library | <input type="checkbox"/> PTO | |
| <input type="checkbox"/> Math | <input type="checkbox"/> Read Naturally (<i>reading fluency</i>) | |
| <input type="checkbox"/> Classroom (<i>teacher's name</i>)
_____ | <input type="checkbox"/> Life Skills (<i>child care, cooking, sewing, etc.</i>)
_____ | |
| <input type="checkbox"/> Foreign Language
_____ | <input type="checkbox"/> Physical Education/Sports
_____ | |
| <input type="checkbox"/> Industrial Arts (<i>metals, woods, drafting, etc.</i>)
_____ | <input type="checkbox"/> Resource Speaker (<i>subject</i>)
_____ | |

Day(s)/Time available: _____

Background Information

Education: _____ Current Employment: _____

Other Volunteer Experience: _____

Do you have a physical condition which needs to be considered in selecting the right assignment? Yes No

In case of an emergency, who should we notify?

Name: _____ Phone: _____

Name of a Personal Reference: _____ Phone: _____

If you have children in the school system, please specify grade(s) and school(s) they attend:

Grade _____ School _____ Grade _____ School _____

Grade _____ School _____ Grade _____ School _____