



New Volunteer     Returning Volunteer    Date \_\_\_\_/\_\_\_\_/\_\_\_\_

# VIPS STUDENT VOLUNTEER REGISTRATION FORM

*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: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

***Please check any areas you have an interest in volunteering.***

- |                                                                 |                                          |                                                                    |
|-----------------------------------------------------------------|------------------------------------------|--------------------------------------------------------------------|
| <input type="checkbox"/> Art/Art Appreciation                   | <input type="checkbox"/> Math            | <input type="checkbox"/> Read Naturally ( <i>reading fluency</i> ) |
| <input type="checkbox"/> Books & Beyond                         | <input type="checkbox"/> Mentoring       | <input type="checkbox"/> Science                                   |
| <input type="checkbox"/> Computers                              | <input type="checkbox"/> Music           | <input type="checkbox"/> Social Studies                            |
| <input type="checkbox"/> Home ( <i>bake, phone calls, sew</i> ) | <input type="checkbox"/> Office/Clerical | <input type="checkbox"/> Special Needs                             |
| <input type="checkbox"/> Language Arts                          | <input type="checkbox"/> Project Inquire | <input type="checkbox"/> Tutoring                                  |
| <input type="checkbox"/> Library                                | <input type="checkbox"/> Project RISE    |                                                                    |

Classroom (*teacher's name*) \_\_\_\_\_  Life Skills (*child care, cooking, sewing, etc.*) \_\_\_\_\_

Foreign Language \_\_\_\_\_  Physical Education/Sports \_\_\_\_\_

Industrial Arts (*metals, woods, drafting, etc.*) \_\_\_\_\_  Resource Speaker (*subject*) \_\_\_\_\_

***Day(s)/Time Available:*** \_\_\_\_\_

***Student Information:***

Grade: \_\_\_\_\_ Student ID#: \_\_\_\_\_ Homeroom: \_\_\_\_\_ Guidance Counselor/Advisor: \_\_\_\_\_

Other Volunteer Activities You Participate In: \_\_\_\_\_

\_\_\_\_\_

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

If yes, please describe: \_\_\_\_\_

***In case of an emergency, who should we notify?***

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

*When you have completed this form, please send it to:*  
VIPS, c/o Lawrence School, 113 Lakeview Avenue, Falmouth MA 02540  
(508) 548-1621    [vips@falmouth.k12.ma.us](mailto:vips@falmouth.k12.ma.us)

**Please remember to log your volunteer hours  
on the Student Volunteer Timesheet Form or e-mail them to VIPS**