



Volunteer Coordinator: Brenda Romero (585) 406-3961 (call or text) Email: bmromero1973@gmail.com
 Name _____ Date _____

Address _____ Phone _____

E-Mail address _____

Child's Name	Teacher	Grade
_____	_____	_____
_____	_____	_____
_____	_____	_____

Note: Parents cannot volunteer for their child's teacher or grade level

_____ **Classroom Volunteers** (weekly commitment- 1-2 days or 1-2 hours a week) assists teacher with various duties (photo copying, filing, classroom materials preparation)

_____ **Library** - Help with various duties (inc. sorting/shelving books)

_____ **Other areas** – school events, after school events, etc.

_____ **Field Trip Chaperone**- You must be an approved volunteer through the district in order to be a field trip chaperone

Days available _____

Hours available _____

***Forms are submitted to the district for approval which can take a couple of weeks. After filling out the form, you must also stop by the office and have your ID scanned. Until your form is submitted you will not be able to volunteer.**

References: (please provide two) (if Gates Chili School District staff, only name and title are needed)

Reference Name	Phone	Email	Title/Relationship

To be completed by Gates Chili School District staff:
 This individual's ID scanned into the Visitor Management System on ___/___/___ by _____.
 Application reviewed by _____ on ___/___/___.