

**Walt Disney School  
Volunteer Enrollment Form**

Yes! I would like to volunteer and I'm willing to receive updates as volunteer opportunities become available.

**Parent's name** \_\_\_\_\_

**Address** \_\_\_\_\_

**Phone number(s)** \_\_\_\_\_

**Email** \_\_\_\_\_

I am interested in:

\_\_\_\_\_ Copy Room

\_\_\_\_\_ Helping in the library

\_\_\_\_\_ Fundraising

\_\_\_\_\_ Book Fairs

\_\_\_\_\_ Staff Appreciation

\_\_\_\_\_ Decade Dance

\_\_\_\_\_ Disney Dragon Day

\_\_\_\_\_ Other PTO or SIT (School Improvement Team) events

\_\_\_\_\_ Field Trips

**Child's/ Children's names**

**Teacher**

**Grade**


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

Reference Name	Phone	Email	Title/Relationship

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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 \_\_\_/\_\_\_/\_\_\_