



Middle School

Enrollment Form for new volunteers (*not previously approved*)

Please note that for the purpose of our approval process, it is important that you complete this form with your legal first and last name, as it appears on the photo ID, which you will provide us for the screening procedure.

Legal First Name _____

Legal Last Name _____

Gender: **Male** **Female** **Unspecified**

Date of Birth: _____ / _____ / _____ (*month/date/year*)

Affiliation **Parent/Legal Guardian of student** **Other**

Street Address _____

City _____ **Zip code** _____

Phone (*preferred*) (____) _____

Email: _____

Please name a reference:

Name

Title

Organization

If reference is not a Gates Chili School District staff member, please provide phone number:

Please turn over to complete and sign your application-->>>>



Middle School

Enrollment Form for new volunteers (not previously approved)

Middle School Student's name(s) and Community:

At the Middle School, I have an interest in volunteering for: (check all that apply)
I have an interest in volunteering for: (check all that apply)

- o Social events chaperone (Friday evenings)
o Special event ticket/other sales (collecting payments during lunchtimes)
o Library Book Fair (daytime; two-hour time slots between 8 and 2:30)
o Classroom assistance (as requested by teachers)
o Clerical assistance and projects (as needed)
o Special events (such as daytime track meets, afterschool community events)
o Field Trip Chaperone (daytime or evening)

Please select any buildings at which you would prefer to volunteer:

- o Neil Armstrong School
o Walt Disney School
o Middle School
o Athletic Department
o Florence Brasser School
o Paul Road School
o High School

Please select the volunteer functions for which you would prefer to volunteer: (select all that apply)

- o Field Trip Chaperone
o Library Helper
o Office Helper
o Athletic Department
o Listening Post
o Classroom Helper
o Special events
o Parent Organization
o Tutor
o Mentor

I understand that a background check will be performed on volunteers.
I understand the commitment involved and acknowledge that my services are offered at my own risk.
I agree to adhere to the Gates Chili School District policies and Code of Conduct, and especially respect the confidentiality of all information that relates to students and families.

(Signature) (date)

Return to the Middle School Main Office or:
or by scanning and email to: Paula_LaManna@gateschili.org

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 ___/___/___.