



# **SCHOOL HEALTH VOLUNTEER FORM**

Today's Date: \_\_\_\_\_

NAME: \_\_\_\_\_

**Please check one:**

- Parent/Grandparent/Other Family Member of student \_\_\_\_\_
- Community Volunteer \_\_\_\_\_ Name of student(s)
- College Student \_\_\_\_\_  
Please list major

MAILING ADDRESS: \_\_\_\_\_  
STREET / PO BOX

\_\_\_\_\_

CITY STATE ZIP

EMAIL ADDRESS: \_\_\_\_\_

PHONE NUMBER(S): \_\_\_\_\_

HOME CELL OTHER

- DAYS OF THE WEEK I AM AVAILABLE:**
- ANY DAY (MON-FRI)
  - MONDAY
  - TUESDAY
  - WEDNESDAY
  - THURSDAY
  - FRIDAY

- TIMES OF THE DAY I AM AVAILABLE:**
- ALL DAY
  - MORNING
  - AFTERNOON

\*\* PLEASE ENSURE YOU HAVE A COMPLETED BACKGROUND CHECK ON FILE. THIS FORM CAN BE PICKED UP IN ANY OF THE SCHOOL FRONT OFFICES\*\*

**THANK YOU SO MUCH FOR YOUR WILLINGNESS TO SERVE IN OUR SCHOOL HEALTH PROGRAM 😊**