[School Name]
Parent/Guardian Volunteer Application Form

Applicant Information

Full Name: _____
Relationship to Student: _____
Phone Number: _____
Email Address: _____
Home Address: _____
City: _____ State: _____ Zip: _____

Student Information

Name of Student(s):

Grade(s): _____

Volunteer Interests

Please select the areas where you would like to volunteer:
☐ Classroom Assistance
☐ Field Trips
☐ School Events (e.g., festivals, fundraisers)
☐ Library / Media Center
☐ Office Support
☐ Sports / Athletics
☐ Arts & Music Programs
☐ Other: _____

Availability

Days Available: ☐ Mon ☐ Tue ☐ Wed ☐ Thu ☐ Fri
Preferred Times: ☐ Morning ☐ Afternoon ☐ Evening

Additional Availability Notes:

Skills & Experience (Optional)

Please list any relevant skills, hobbies, or experience:

Background Check Authorization

(Some volunteer roles may require a background check.)

☐ I understand and consent to a background check if required.

Emergency Contact Information

Name: _____
Relationship: _____
Phone Number: _____

Agreement & Signature

I understand that as a volunteer, I am expected to follow school policies and act in a safe, respectful, and responsible manner at all times.

Signature: _____
Date: _____

For School Use Only

Date Received: _____
Approved By: _____
Background Check Completed: ☐ Yes ☐ No ☐ N/A

Notes: