



The Samuel School Volunteer Enrollment Form

Please return this signed form and necessary clearances to the School office

NAME _____ DATE _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

PHONE (DAY) _____ PHONE (EVENING) _____

EMAIL _____ DATE OF BIRTH (MM/DD/YY) _____

EMERGENCY CONTACT _____ PHONE _____

EDUCATIONAL BACKGROUND _____

CURRENT / FORMER OCCUPATION _____

OTHER VOLUNTEER EXPERIENCES _____

HOBBIES / INTERESTS / SKILLS _____

VOLUNTEER OPPORTUNITIES AT TSS (Check all areas of interest)

Classroom Assistant

Classroom Reader

Drivers

Library Aide

Playground

Fundraisers

Office Assistant

Music

Lunch helper

Tutor

Computer Aide

Recess

Art

Special Events

Theater

Dismissal

Marketing

Prayer partner

AVAILABILITY

Flexible

Weekdays

Evenings

Weekends

Best days and times _____

Days/Times NOT Available _____

How did you learn of The Samuel School? _____

MANDATED REPORTING

I have read the mandated reporter information provided by The Samuel School. In signing this form, I affirm that the information I have given is true and correct.

Signature: _____ Date: _____.