

**Central Lincoln County School System
AOS 93
Volunteer Registration**

Name: _____ **Phone:** _____

Mailing Address: _____ **Date of Birth:** _____

_____ **E-mail Address:** _____

I understand that the primary role of a volunteer is to support the mission of the school. I am not placed in a disciplinary role with students. I also understand that I am not in school to evaluate teachers or staff. All information about students is federally protected, and I clearly understand that I cannot share personal or private information regarding students with others. Sharing such information is not only a violation of this law; it also places me in a position of being held accountable for such confidentiality breach.

My signature below constitutes an understanding of the above statement and authorizes AOS 93 to conduct a background check on me for the safety and well being of the students.

Date **Signature**

I am volunteering to work with students at: _____ **school(s).**

Please check off the volunteer opportunities that you are interested in:

- | | |
|--|---|
| <input type="checkbox"/> Reading with students in K-2 classroom | <input type="checkbox"/> Recess Duty (assist student play) |
| <input type="checkbox"/> Organizing work/student folders | <input type="checkbox"/> Lunch Duty (dining with & helping students) |
| <input type="checkbox"/> Photocopying | <input type="checkbox"/> Library shelving books |
| <input type="checkbox"/> Assist with specific project/lesson | <input type="checkbox"/> Art class |
| <input type="checkbox"/> Share a special hobby or skill in classroom | <input type="checkbox"/> Music class |
| <input type="checkbox"/> Field trip | <input type="checkbox"/> Phys. Ed class |
| <input type="checkbox"/> Monday morning lunch counts | <input type="checkbox"/> Computer class |
| <input type="checkbox"/> Room Parent | <input type="checkbox"/> Parent/Teacher/Community Member Organization |
| <input type="checkbox"/> Book Fairs | <input type="checkbox"/> Big Brother/Big Sister |

Willing to volunteer for a specific event _____

Please indicate day of week you are available to volunteer:

Mon. __am__pm **Tues.** __am__pm **Wed.** __am__pm **Thurs.** __am__pm **Fri.** __am__pm

Are you available to volunteer one day per week for the school year? If so, please indicate what day. _____

Additional thoughts, special skills or interests you may have to share:

For inter-office use only: SENT _____ DATE _____ INITIAL APPROVED _____ INITIAL
 NOT APPROVED - ACTION TAKEN: _____

Please forward completed form to:
ATTN: Linda Skiff
Human Resources Department,
c/o AOS 93 Office of the Superintendent,
767 Main Street 1-A
Damariscotta, Maine 04543
Fax (207)563-8276
Email: lskiff@aos93.org