



PARENT/GUARDIAN VOLUNTEER FORM

Agency or Affiliated Organization	Today's Date:
Name	
Preferred Mailing Address	
Telephone	
Other Number	
E-Mail Address	

PLEASE CHECK ONE:

I will serve as a parent/guardian volunteer throughout the program year.

I will serve as a parent/guardian volunteer for the summer.

I will serve as a parent/guardian volunteer on a field trip.

PLEASE CHECK ONE:

I would like to be on the ConnectiKids mailing list

I do not want to be on the ConnectiKids mailing list

I have volunteered for ConnectiKids in the past. Yes No If yes, this is my _____ year.

Do you speak any other languages? Yes No If yes, which languages? _____

Would you be willing to team up with another volunteer? Yes No

For safety purposes **All** volunteers 18 years or older will have to complete a background check. The background check is completed electronically in our office and is free of charge to all volunteers.

I have read the policies, procedures and guiding principles of the ConnectiKids Mentoring/Tutoring Program and agree to follow them to the best of my abilities.

Signature

Return this form to ConnectiKids staff.
ConnectiKids must be in receipt of this completed form prior to the start of the Volunteer position.