

## SCHOOL VOLUNTEER

RSU #22  
Registration of School Volunteer

Copy of Drivers License: \_\_\_\_\_

VOLUNTEER'S NAME: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

School Volunteering at: \_\_\_\_\_

Education Background: \_\_\_\_\_

Previous volunteer experience: \_\_\_\_\_

Description of volunteer activities to be involved in: \_\_\_\_\_

Staff person supervising the volunteer: \_\_\_\_\_

Date of overview with school principal: \_\_\_\_\_

I wish to be involved as a school volunteer in the Schools of RSU #22. I understand that information regarding students is confidential and should only be discussed with school staff. I understand my volunteer responsibilities as they have been outlined in writing for me. I give of my time freely, and request no compensation from RSU #22. I understand that I am not covered by Workers' Compensation Insurance because I am a volunteer not an employee.

VOLUNTEER'S SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

References:

Name:

Address, Phone #:

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_