

VOLUNTEER REGISTRATION FORM
LINCOLN COUNTY SCHOOL DISTRICT

Date _____

Name: _____

Address _____ City _____ Zip _____

Telephone (Day): _____ (Eve): _____

Emergency Contact: _____ Phone: _____

E-Mail Address: _____

Volunteer Location Preference: _____

Name of Student(s): _____

Specific Day or Time Available for Volunteering: _____

Past Volunteer Experience: _____

Resources/Enrichment: Do you have a special skill, hobby, profession, or foreign language proficiency that you would be willing to share with our students?

Areas of Interest:

_____ Library

_____ Athletics

_____ Classroom Assistant

_____ Chaperone on Official Field Trip

_____ Clerical

_____ Booster Club

_____ Advisory Committee

_____ Correcting Papers

_____ Book Fairs

_____ Preparing Art Projects. (May be done at home)

_____ Other _____

Please return this form to the school. Thank you.