## CLAYTON COUNTY PUBLIC SCHOOLS VOLUNTEER INTEREST FORM

School	Date				
Name:					
Last	First	Full Middle Name Zip			
Address:	City:				
Telephone #:					
Home	Work	Cell			
E-mail Address		_			
Student's Name:	Grade:	_ School:			
Name:	Grade:	_ School:			
Relationship to student:					
Choices for Volunte	ering (Please indicate area	a of interest)			
Choices for volume         Instruction        General Classroom        Computer        Language Arts Tutor        Mathematics        (language/s)	Library Clerical/Shelving Storytelling Cafeteria Lunchroom Facilitator Food Server Office General Duties Telephoning Other Volunteer Coordinator Health Screening Health Room Helper Playground	Special Projects Arts & Crafts Bulletin Board Calligraphy Display Case Drama Music Child Care Field Trips Fund Raising Teacher Appreciation			
Emergency Information (lis	t two people to contact in	case of emergency):			
Name:	Relationship:	Phone:			
Name:	_ Relationship: Phone:				
Primary Doctor's Name:	Pho	ne:			
Do you have a hospital preference?	_ no yesHospital				
Do you have a medical condition or are emergency? no yesplease expl	you taking medications we s	should know about in case of an			

CCPS -	Office	of	School	Safety	08/05/08
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