

Interest in Volunteering
Please complete one form per child

Child's First & Last Name _____

Child's Teachers Name _____

Mother/Father Name _____

*E-Mail _____

Phone (H) _____ (Wk) _____

Please check off any volunteer opportunities you can help with this year!

On-Going Activities

- | | |
|---|---|
| <input type="checkbox"/> Room Parents (2 / classroom) | <input type="checkbox"/> Classroom Volunteer |
| <input type="checkbox"/> Art Room Volunteer | <input type="checkbox"/> Computer Lab Volunteer |
| <input type="checkbox"/> Outside Recess | <input type="checkbox"/> Field Trip Chaperone |
| <input type="checkbox"/> Library Volunteer | <input type="checkbox"/> Video Taping |

Yearly Events

- | | |
|--|--|
| <input type="checkbox"/> Gift Wrap Fundraiser (Sept) | <input type="checkbox"/> Cookie Dough Sale (Nov) |
| <input type="checkbox"/> Family Fun Winter Craft Fair (Dec) | <input type="checkbox"/> Math Night (May) |
| <input type="checkbox"/> Family Fun Bingo Night (March) | <input type="checkbox"/> Science Night (Feb) |
| <input type="checkbox"/> Staff Appreciation Luncheon (Nov & March) | <input type="checkbox"/> Health Screening (Oct) |
| <input type="checkbox"/> Kindergarten Registration (Feb & May) | <input type="checkbox"/> Library Reading Prog. (Feb) |
| <input type="checkbox"/> Family Fun Spring Fair (June) | |

Confidentiality and Ethics Statement

As a volunteer for Falmouth Elementary Schools I understand that I have an obligation to maintain the highest level of ethical conduct. I agree to preserve the confidentiality of all information regarding Falmouth Elementary students, staff and related parties, and will refrain from engaging in activities that would prejudice my ability (or the ability of others) to carry out my volunteer duties ethically, including violation of criminal or civil laws. All information regarding children is confidential. It may not be discussed outside the classroom.

Signature: _____