


# Volunteer Information Form

First Name:		Last Name:	
Student Name(s) & Grade			
Date of Birth:		Gender:	Drivers License # (or State Issued ID #):
Address:			
City/State/Zip Code			
Home Phone:		Work Phone:	
Cell Phone:		Fax:	
Email:			
Special Interest, Skills, Talents, Business Contacts:			

***I am available for the following function(s):***

<b>Anytime for anything</b>	
<b>Artistic Projects</b> (bulletin boards, posters, murals and classroom supports.)	<b>Honor Roll Assemblies</b> (assist at Honor Roll events during school day)
<b>Beautification</b> (school beautification and landscaping projects)	<b>Media Center</b> (assist Media Specialist)
<b>Business Partnerships</b> (Donate or obtain incentives and donations from community businesses)	<b>Music Department</b> (transportation, concerts and competitions)
<b>Chaperone</b> (field trips, dances, etc.)	<b>Special One Time Activities</b> (Secretary's Day, Science Fair, Yearbook, Fitness testing, Vision and Hearing Testing, Book Fairs)
<b>Classroom Aide</b>	<b>PTSA</b> (for fundraising events to support educational activities and meetings are monthly, every third Tuesday at 6:30 pm)
<b>Club Support</b> (assist teacher with student clubs)	<b>Production</b> (copying, distributing material, etc.)
<b>Computer Lab Aide</b>	<b>Staff Appreciation</b> -Assist chairperson with food donations, serving and clean-up
<b>Dragon Den Book Store</b> (PBIS-Incentive program for students)	<b>Tutoring – individual and/or peer support</b>
<b>Evening Jobs</b> (prefer to volunteer off campus or after school hours)	<b>Other</b>

Please complete this form and return to Mrs. Sergeant ASAP.

You will need to view a Sexual Harassment Video to complete the process to be eligible to volunteer. Questions or concerns please contact Mrs. Beavers, Volunteer Coordinator at 410-267-8658 or email:

[wbeavers@aacps.org](mailto:wbeavers@aacps.org)

**THANK YOU FOR VOLUNTEERING!!**

**Sexual Harassment Video Viewed:**

**Date:** \_\_\_\_\_

**Location:** \_\_\_\_\_