



**JACKSON R-2 SCHOOL DISTRICT  
SCHOOL VOLUNTEER REGISTRATION FORM**

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LAST NAME FIRST NAME MIDDLE INITIAL

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Home Address City State Zip

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Home Phone E-mail Address

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Work Phone Business/Organization

HEALTH RESTRICTIONS, if any: \_\_\_\_\_

HAVE YOU EVER BEEN ARRESTED? \_\_\_\_ YES \_\_\_\_ NO IF YES, PLEASE EXPLAIN: \_\_\_\_\_

I WOULD LIKE TO VOLUNTEER IN THE FOLLOWING SETTING(S), AND UNDERSTAND THAT A BACKGROUND CHECK MAY BE REQUIRED:

\_\_\_\_ Tutor\*      \_\_\_\_ Mentor\*      \_\_\_\_ Reading Volunteer\*      \_\_\_\_ Classroom Assistant\*

\_\_\_\_ Clerical      \_\_\_\_ Help with coordination of volunteer programs      \_\_\_\_ PTO activities

I WOULD PREFER TO WORK WITH THE FOLLOWING AGE GROUPS:

\_\_\_\_ Elementary      \_\_\_\_ Middle School      \_\_\_\_ Junior High      \_\_\_\_ Senior High      \_\_\_\_ Any

I WOULD PREFER TO WORK AT THE FOLLOWING BUILDING(S):

\_\_\_\_ Gordonville Attendance Center      \_\_\_\_ Millersville Attendance Center      \_\_\_\_ Orchard Drive

\_\_\_\_ South Elementary      \_\_\_\_ North Elementary      \_\_\_\_ West Lane Elementary      \_\_\_\_ East Elementary

\_\_\_\_ Jackson Middle School      \_\_\_\_ Jackson Junior High      \_\_\_\_ Jackson Senior High

DAYS AND TIMES AVAILABLE TO VOLUNTEER: \_\_\_\_\_

CAREER/VOLUNTEER EXPERIENCE/TALENTS/LANGUAGES/SKILLS/HOBBIES: \_\_\_\_\_

NAMES/GRADES OF CHILDREN IN SCHOOL: \_\_\_\_\_

My signature below indicates that I agree to abide by the rules and policies of the Jackson R-2 School District. I understand that a background check must be completed if I would like to work in any program listed above with an asterisk (\*).

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VOLUNTEER SIGNATURE DATE

PLEASE RETURN THIS FORM TO THE OFFICE AT ONE OF THE BUILDINGS OR TO THE BOARD OF EDUCATION OFFICE.