

OCONTO FALLS ELEMENTARY SCHOOL
Volunteer Information Sheet
2016-2017

Office Use Only



Name: _____

Address: _____

Phone: _____

E-Mail: _____

Preferable days to volunteer (circle all that apply):

Monday Tuesday Wednesday Thursday Friday Saturday Any

Preferable times to volunteer (circle all that apply): Morning Afternoon Evening All Day

Name/s of School Age Children Attending OFES (first and last name)	Grade	Teacher (4K-5)
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

WAYS THAT I CAN HELP/VOLUNTEER/WORK – I AM INTERESTED IN:

- | | |
|---|--|
| _____ Volunteer Coordinator (call the office for details) | _____ Vision screening/immunization clinics |
| _____ Work in classroom | _____ Special events (fund raisers, book fair, grandparent’s day, etc.) |
| _____ Read to students | _____ Destination Imagination coach |
| _____ Tutor students (training provided) | _____ Special afterschool or evening activities (open gyms, dances, game and movie nights, etc.) |
| _____ Bulletin boards/display cases | _____ End of the year celebration |
| _____ Work in library | |
| _____ Field Trips | |

(Please complete reverse side)

Volunteer Emergency Information

Emergency information will be used to best handle any emergency medical situation that may occur while you are volunteering. Such information is totally confidential and will not be released without permission. This information will be retained only for the current school year.

Volunteer's Name:

Name of person to contact in case of emergency:

Telephone No.
(Home)

(Work)

If there is no answer, call (name of relative, neighbor, etc.):

Telephone No.
(Home)

(Work)

I authorize all treatment deemed advisable and suggest:
(name of doctor)

Telephone No.
(Home)

(Work)

OR the Emergency Room at (hospital, clinic, or other)

Volunteer Signature:

Date:

IMPORTANT

If you have any unusual health concerns such as bleeding easily, serious drug allergies, or are not to be referred to a doctor for religious reasons, please explain in the space below.

OCONTO FALLS SCHOOL DISTRICT





OCONTO FALLS SCHOOL DISTRICT

200 N. FARM RD.

OCONTO FALLS, WI 54154

Phone (920) 848-4471

Volunteer Disclosure Form

For the safety and security of our students, an authorization to conduct a criminal background check is required of volunteers who will be working directly with students. This information will be requested on a yearly basis and will be stored confidentially at the Oconto Falls School District Office. Building administrators retain the authority to approve all school volunteers and the tasks they perform in the schools.

All requested information must be provided. Please print clearly.

NAME: _____
 Last First Middle

SOC. SEC. # (optional): _____ **DATE of BIRTH:** _____

OTHER NAMES USED (I.E. Maiden name): _____

DATES of USAGE: _____

I hereby give consent to the Oconto Falls School District to conduct a background check.

Signature of Prospective Volunteer

Date

Please return this form to the Main Office of your child's school building.