

OCONTO FALLS ELEMENTARY SCHOOL
Volunteer Information Sheet
2019-2020

Families In Education



Office Use Only

Name: _____

Address: _____

Phone: _____

E-Mail: _____

Preferable days to volunteer (check all that apply):

Monday Tuesday Wednesday Thursday Friday Saturday Any

Preferable times to volunteer (check all that apply):

Best Time to Call: _____

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:

- | | |
|--|--|
| <input type="checkbox"/> Volunteer Coordinator (call the office for details) | <input type="checkbox"/> Vision screening/immunization clinics |
| <input type="checkbox"/> Work in classroom | <input type="checkbox"/> Special events (fund raisers/book fair, grandparents' day, etc.) |
| <input type="checkbox"/> Read to students | <input type="checkbox"/> Destination Imagination coach |
| <input type="checkbox"/> Tutor students (training provided) | <input type="checkbox"/> Special afterschool or evening activities (dances, game and movie nights, etc.) |
| <input type="checkbox"/> Bulletin boards/display cases | <input type="checkbox"/> End of the year celebration |
| <input type="checkbox"/> Work in library | |
| <input type="checkbox"/> 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 release without permission. This information will be retained only for the current school year.

Volunteer Name _____

IN CASE OF EMERGENCY CONTACT:

(1) Name _____ Relationship _____

Telephone _____ Alternate Telephone _____

(2) Name _____ Relationship _____

Telephone _____ Alternate Telephone _____

Allergies/Special Health Concerns _____

If emergency treatment is required, school authorities will use their best judgement in seeking emergency care.

Volunteer Signature _____ Date _____



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

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.