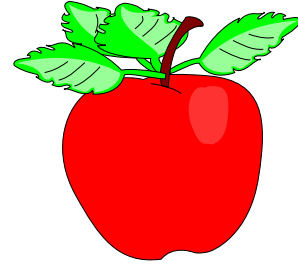


Cottage Hill School Parent Volunteer

Application Form



School Year: _____

Name: _____

Address: _____

Home Phone: _____ Work Phone: _____

California Driver's License Number: _____ Exp. Date: _____

Emergency contact: _____

Phone: _____ Address: _____

Volunteer position (if known): _____

Teacher/program: _____

Name(s) of Student(s)/Teacher(s) _____

Relationship of applicant to student(s): _____

I have read and agree to abide by the expectations and requirements for volunteering to work with school-aged children.

Signature

Date

For Office Use Only:

☐ TB Clearance _____ Expiration Date

☐ Parent ☐ Grandparent ☐ Guardian

☐ Fingerprint (if required)

☐ Megan's Law Check

☐ CDL Expiration Date _____