Regional School Unit 1 Volunteer Registration

(PRINT clearly/one applicant per form please)

Full Name:	Phone:
Full Mailing Address:	Date of Birth:
	Email Address:
disciplinary role with students. I also us information about students is federally private information regarding students we law; it also places me in a position of	volunteer is to support the mission of the school. I am not placed in a understand that I am not in school to evaluate teachers or staff. All protected, and I clearly understand that I cannot share personal or with others. Sharing such information is not only a violation of this f being held accountable for such confidentiality breech. My signature of the above statement and authorizes Regional School Unit 1 to be safety and well-being of the students.
Date	Signature of Volunteer
Please check off the volunteer opportung Grade Preference: PreK K-2 () Reading with students in K-2 classro () Office help () Assist with specific project/lesson () Share a special hobby or skill in class () Field trip () Cafeteria () Room Parent () Fruit/Veggie Grant prep () Everyday Math assistance - Circle o	rell School (PreK-2)Fisher Mitchell School (3-5) BRCTC rg Elementary (PreK-5)West Bath (K-5)Woolwich (PreK-8) nities that you are interested in: 3-5 6-8 9-12 bom () Library
	vent:
Please indicate day of week you are ava	ailable to volunteer:
Monampm Tuesampm I am available: When request	Wed. ampm Thurs. ampm Fri. ampm tedAll year
Are you available to volunteer one day	per week for the school year? If so, please indicate what day.
Additional thoughts, special skills or int	erests you may have to share:
For Central Office use only: Date () NOT APPROVEDINITIAL Actio Rev. 10/14	() APPROVEDINITIAL n taken: