

# Jacksonville School District 117

## Volunteer Registration Form

Volunteer's Name (please print): _____		
Today's Date: _____	School: _____	
Do you have children in the Jacksonville School District?	_____ Yes	_____ No
If so, what are their names? _____		
Have you volunteered at this school before?	_____ Yes	_____ No
Have you volunteered in other JSD 117 schools?	_____ Yes	_____ No
If so, which one(s)? _____		
Are you a retired JSD 117 employee? _____		
Have you attended a JSD 117 Volunteer Orientation?	_____ Yes	_____ No
If so, when? (month and year) _____		
Volunteer Signature: _____		
Have you ever been convicted of, admitted to, or are awaiting trial for any criminal offense?	_____ Yes	_____ No
If so, please attach an explanation.		

## Volunteer Emergency Information

Name: _____	Phone _____	
Home Address _____		
(street)	(city)	(zip)
Email Address _____		
Person to call in case of emergency _____	Phone _____	
Relationship to Volunteer _____		
Physician _____	Phone _____	
Illness or health conditions of note _____		
Medications _____		
Allergies _____		