Regional School Unit 1
Volunteer Registration for current school year

(***Print clearly/one applicant per form please***)

Please complete only **ONE** form and *circle* below which School(s):

Dike Newell School (PreK-2) Phippsburg Elementary (PreK-5) Bath Middle School (6-8)

Fisher Mitchell School (3-5) Woolwich (PreK-8) Morse High School (9-12) BRCTC (9-12)

Volunteer Information

Full Legal Name:_____ Phone: _____

Full Mailing Address: _____ Date of Birth: ______________
Mon Day Year

_____

Email Address: _____

Please give us the first and last name(s) of your child(ren) in our school(s) if applicable:

_____

Please circle the volunteer opportunities you are interested in:

Field Trip	Library	Computer Class	Assist with specific project/lesson
Office Help	Art Class	Phys. Ed Class	Share a special hobby or skill in classroom
Cafeteria	Music Class	Fruit/Veggie Grant prep	Reading with students in K-2 classroom
Room Parent	Snack Shack		Parent/Teacher Community Member Organization

Everyday Math Assistance: Math facts practice w/students Everyday Math Assistance: Preparing math materials

After school club(s):_____

Willing to volunteer for a specific event (Book Fair, etc.): _____

Grade Preference : Pre-K K-2 3-5 6-8 9-12

Please check when you are available to volunteer:

	Monday	Tuesday	Wednesday	Thursday	Friday
AM					
PM					

☐ When Requested ☐ All Year

I understand that the primary role of a volunteer is to support the mission of the school. I am not placed in a disciplinary role with students. I also understand that I am not in school to evaluate teachers or staff. *All information about students is federally protected, and I clearly understand that I cannot share personal or private information or photographs regarding students with others.* Sharing such information is not only a violation of this law; it also places me in a position of being held accountable for such confidentiality breach. My signature below constitutes an understanding of the above statement and authorizes Regional School Unit 1 to conduct a *background check* on me for the safety and well-being of the students.

_____ **Date:** ______________
Signature of Volunteer Required *Mon Day Year*

_____ _____

For Superintendent's Office Use Only:

Date: _____/_____/_____ Approved Not Approved _____
Initials

Revised 1/9/2018 Action Taken:_____