



**Volunteer Form
2010-2011**

Parent Name: _____ **Student(s)** _____

Address: _____

City, State & Zip: _____

Home Phone: _____ **Cell Phone:** _____

Work Phone: _____ **Email:** _____

1. I am interested in: (check all that apply)

- _____ **Being a room parent** **Room #** _____
- _____ **Help with class projects**
- _____ **Reading to children in class**

2. I would like to volunteer to help with:

- _____ **Charity Food Drive**
- _____ **Fundraising**
- _____ **Incentive Programs (Boxtops, Campbell's Etc.)**
- _____ **Newsletter**

3. I have a special talent to share: (example – Fundraising, Baking, Woodworking, etc)

Emergency Information:

List below the person the school may contact in the case of an emergency.

Name: _____ Relationship: _____

Phone: _____ Alternate Phone: _____

Driver's License Information:

All drivers must sign the statement below and have insurance that meets Texas Department of Public Safety minimums. In the event of an accident and claim, the driver will have his/her own personal insurance coverage take effect first. When that coverage is exhausted, the school's insurance will take effect as the secondary coverage.

ALL DRIVERS ARE PROHIBITED FROM USING ANY WIRELESS DEVICE SUCH AS CELL PHONES WHILE TRANSPORTING CHILDREN.

No volunteer will be allowed to transport children for school-sponsored activities without verification of the information below. This form must be accompanied by a copy of your drivers' license to be kept on file at the school.

Our insurance company requires the following information:

Driver's License Number: _____ State: _____

Insurance Company Name and Number: _____

Policy Number: _____ Expiration Date: _____

Date of Birth: _____ Social Security Number: _____

I certify that the above information is correct and that I have had no moving violations in the last three years.

Signature: _____ Date: _____

Information needed to complete a Childcare History Check: Required for ALL volunteers.

First Name:		Middle Name:		Last Name:	
Other Names used (Married, Maiden, etc.) First Name:		Middle Name:		Last Name:	
Address:		City	State	County	Zip
Phone Number		Date of Birth		Social Security Number	
List all other cities in Texas where there has been residency:				Sex _____ Male _____ Female	
Race _____ White _____ Asian/Pacific Islander _____ Black _____ American Indian/Alaskan Native				Ethnicity (must accompany race) _____ Hispanic _____ Other	

Have you ever been convicted of a felony? _____ No _____ Yes

If yes, please explain: _____

I hereby authorize Kingwood Montessori to conduct a criminal history check to determine my acceptability for volunteer work at the school. I further certify that the information furnished in this application is true and correct.

Signature of Applicant: _____ Date: _____