

VOLUNTEER REGISTRATION FORM

2018-2019

Name: _____ Phone - Best Contact#: _____

Complete this section if you are not a parent at CCS:

Address _____ City, State, Zip _____

Email Address _____

Who referred you to CCS? _____

All volunteers are **required** to watch the videos and turn in the accompanied worksheets concerning classroom guidelines and procedures annually.

Volunteers: Please turn this form in along with your video worksheets.

Please give a brief description of your interest:

Location on campus:

For whom:

Tasks:

Time available: