



The Bridge: A School/Community Partnership

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2011-2012 VOLUNTEER RE-REGISTRATION

For Volunteers Previously Registered With The Bridge

If you have never registered as a volunteer please complete the Application for New Volunteers.

Please print clearly

Name: _____

Address: _____

Phone Numbers: Home: _____ Office: _____ Cell: _____

E-mail Address: _____

Emergency Contact: (This is the name of someone to call should you get hurt while volunteering)

Name: _____

Phone Number: _____

2011-2012 Volunteer Position(s):

School(s): _____

Name of Child(ren)'s Teacher(s) _____

Job(s): _____

Day(s): _____

Time(s): _____

Teacher, Specialist, or Coordinator With Whom You Work: _____

Are you interested in learning about other volunteer positions? (Circle One) Yes No

If you circled yes:

What kind of job interests you? _____

At what school(s) are you willing to work? _____

May we include you on the email list to tell you about volunteer opportunities at your child's school when they arise during the year? _____

Do you have a younger child for whom you must make arrangements when you are volunteering? _____

Signature: _____ Date: _____