

(For campus use only. Do not send to Volunteer Program.)



**Partners in Education
2009-2010
Parent Volunteer Application Form**

Thank you for your interest in serving as a parent volunteer. We need you and are excited to have you join us as a "Partner in Education." Please complete the following form and return it to your child's teacher as soon as possible. We look forward to working with you.

Volunteer Identification Number: _____

NEISD requires a DPS criminal history check on all school volunteers. If you are new to NEISD or have not been assigned an ID number, please complete a Criminal History Record Check. These are available online at www.neisd.net (follow the "Volunteers/Mentors" link) or from your school's office.

Legal Name: _____ **School:** _____

Address: _____ **Telephone: (h)** _____ **(c)** _____

City/State/Zip Code: _____ **E-mail:** _____

Student name(s) (first and last): _____

Teacher(s) (elementary): _____ **Grade Level(s):** _____

Do you have small children at home? Yes No Do you work outside the home? Yes No

When is the best time to call? _____

It is understood that I am offering my services to my child's school without compensation and without any rights to health benefits in case of injury. I will attend volunteer training sessions provided and **I will check in at the office to sign in and out at each visit.**

Signature of Volunteer

Date