



Volunteer Registration Form

Entered Date: _____
Entered By: _____

Volunteer Details (Please print legibly)

*First Name: _____ *Middle Name: _____ *Last Name: _____
(Legal Name – e.g. Joseph NOT Joe)

*Email Address: _____ *Date of Birth: _____ *Gender: **Male** **Female**

Previous Names: _____ (Include maiden, previous married, alias, or other names)

*Address: _____ (Physical street address. No P.O. Box)

*City: _____ *State: _____ *Zip: _____

*Home Phone: _____ (include area code) Business Phone: _____ Mobile Phone: _____

*I am a: (Choose all that apply)

- _____ Parent/Guardian
- _____ Business/Organization Partner (Organization Name): _____
- _____ GrandFriend/Retiree/Senior Citizen
- _____ D11 Staff
- _____ Community Member
- _____ Student (Please Circle One) D11 UCCS PPCC CC Regis Univ. Other _____

Are you a member of the PTA? **Yes** **No** Are you a member of the Booster Club? **Yes** **No**

Volunteer Preferences

*I am registering as a volunteer at _____ (School where you will spend most time volunteering)

*Other schools where you would like to volunteer: _____

Please select the opportunity type(s) you prefer: Mentor _____ Tutor _____ Coach _____ Library _____ Clerical _____
Classroom Assistant _____ Classroom Speaker _____ Field Trips _____ Translator _____

Open - As Needed _____ (if you are available for any volunteer activities)
One-Time Volunteer _____ (if you will only participate in a single volunteer activity)

What other information will help us match you to volunteer opportunities: (include language, technical, business skills and school specific activities)

Yes **No** *Have you ever been convicted of any Felony, Misdemeanor, or alcohol/drug related traffic offense?
(If Yes, Provide date, location and disposition on the back of this form.)

I understand that as a volunteer I am not an employee of CSSD11, and therefore am not compensated or entitled to Workers' Compensation benefits or in case of an automobile accident any personal injury, property damage or liability coverage provided by CSSD11. As a volunteer I understand that I am covered for any injuries by an accident insurance policy provided by CSSD11. I understand that CSSD11 or I may terminate this relationship at any time. I agree to abide by all rules and regulations of CSSD11. I understand by signing this volunteer registration form I am providing my permission to conduct any background check that the district may deem necessary or appropriate.

*Signature: _____ Date: _____ (Return signed **original** to Volunteer Services)

*Driver's License, Military ID or Passport Verified: _____ Date: _____

*REQUIRED INFORMATION