



Volunteer Enrollment Form

2020-2021

Please return this enrollment form and the background check form to any school office or the District Administration Building. **Forms must be submitted at least five business days prior to any event or volunteer opportunity.**

Personal Information:

Name: _____
First Middle Last

Address: _____ City, State Zip: _____

Phone (day): _____ Phone (evening): _____

Email: _____

Volunteer Profile:

At what school(s) will you volunteer?

- Family Center Captain Elementary Glenridge Elementary Meramec Elementary
 Wydown Middle School Clayton High School

In what capacity are you volunteering? (Name of organization, if any.)

- Parent or Guardian Volunteer. Name of child(ren): _____
 Corporate/Professional Volunteer. Organization: _____
 Community/Organization Member. Organization: _____
 College/Graduate Student. School: _____
 Athletic Coach (fingerprint clearance required). Sport: _____

Emergency Contact Information:

In case of an emergency, the District should contact:

Name: _____
First Last

Relation: _____ Phone: _____

Please initial next to each statement and sign below to note agreement to terms.

- ___ I have reviewed the training materials and will adhere to the volunteer expectations set by the School District of Clayton.
___ I have reviewed the Allergy Policy for the School District of Clayton.
___ I authorize the School District of Clayton to conduct the Children's Division Central Registry Child Abuse Search and Sex Offender background checks.
___ I understand that this form must be submitted at least five business days in advance, and I cannot volunteer until my cleared background check is received by District administration.

Signature: _____ Date: _____