Parent Volunteer Application

Parent Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_

Last First Middle Initial

Date of Birth: Driver's License Number:

Phone Number: (Home) (Cell)   
Mailing Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

E-Mail. Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student(s) Name(s): Grade

Grade

Grade

Grade

Days available for volunteering:

Mondays Tuesdays Wednesdays Thursdays Fridays

Hours available for volunteering:

Are there any particular volunteer activities that interest you?

Pleasecomplete and sign the, DPS criminal History Verification Sheet on the reverse side of this application, for information regarding the legal policy concerning school volunteers please consult the Lovelady ISO. Policy Online. Which can be accessed through the Lovelady ISD website.