

# VOICE

Volunteers Organized to Improve Children's Education  
Volunteer Registration Form  
2013-2014

**All areas of the form must be filled out, signed and turned in  
before you begin volunteering.**

\_\_\_\_\_  
Last Name (please print) First Name

\_\_\_\_\_  
Address City Zip Phone

Email: \_\_\_\_\_

Teacher or grade preferred: \_\_\_\_\_

Subject or Activity Preferred: \_\_\_\_\_

Prior arrangements have been made  
through the classroom teacher.

\_\_\_\_\_  
Teacher's Name

Hours Available	Monday	Tuesday	Wednesday	Thursday	Friday

*To insure our student's safety the attached form allowing the district to conduct a criminal history background check through the Central Records Division of the Michigan State Police as part of our volunteer screening process must be filled out completely.*

How did you learn about the VOICE Program? \_\_\_\_\_

**Confidentiality** - As a school volunteer I agree to hold information pertaining specifically to the children, classroom and office in strict confidence.

Signature \_\_\_\_\_

Date \_\_\_\_\_