

DEPARTMENT OF EDUCATION
WASHINGTON COUNTY, TENNESSEE

APPLICATION FOR
Parent Volunteer

DO NOT WRITE IN THE SPACE
Received by _____
Date _____

Please provide the information requested below and **return it to your school** to be submitted to the Central Office.

(Please print)

Volunteer's Name _____
Last First MI

Address _____
Street City State Zip

Phone (____) _____ **Work** (____) _____

Cell Phone (____) _____ **Email** _____

Social Security number _____ **Birth date** _____

Emergency contact _____

Phone _____ **Relationship** _____

List the school(s) where you will volunteer

 Please check here if you will be volunteering 20 hours or more a month

TCA 37-5-511-Requires anyone volunteering more than 20 hours per month to complete a criminal history disclosure (fingerprint TBI/FBI). All volunteers are required to sign a confidentiality agreement acknowledging FERPA (Family Rights Privacy Act) guidelines.

Signature: _____ **Date:** _____

Thank you for your commitment to serve as a school volunteer.