

MCPS Form 311-54: School Volunteer Registration

Office of the Deputy Superintendent
 Department of Family and Community Partnerships
 MONTGOMERY COUNTY PUBLIC SCHOOLS
 Rockville, Maryland 20850

SCHOOL VOLUNTEER REGISTRATION

Name _____ Date ____/____/____
First MI Last

Address _____
Street City State Zip

Telephone: Home _____ Work _____

Interests/Background/Comments:

Contact email:

Child name:
 Child teacher

Type of Job Preferred: Instructional Support Grade Level(s) Preferred _____

Specify/Describe:

Check Day(s) & Hours (AM or PM) Available:

Monday		Tuesday		Wednesday		Thursday		Friday	
AM	PM	AM	PM	AM	PM	AM	PM	AM	PM

Check All That Apply: 2 hours per week Once a month Occasionally Once
 At school AM At school PM At school evening At home Weekends

Transportation Needed: Yes No

STATEMENT OF COMMITMENT

As a volunteer working in Montgomery County Public Schools I agree to:

- Sign in and out at the designated place
- Attend orientation or training sessions that may be necessary to help me in my job
- Abide by all school rules and Board of Education policies and regulations which are applicable to me
- Honor the commitment to work as scheduled
- Keep school information confidential
- If I must be absent from a scheduled commitment, I will notify _____ in advance.

 Signature, Volunteer

 Date

FOR SCHOOL USE ONLY

Volunteer Assignment _____

Assigned to: (Staff Member) _____ Grade(s) _____

Schedule _____ Starting Date ____/____/____
(if applicable) Hours Days

Date Assignment Terminated ____/____/____ Reason(s) _____

Comments:

Complete
 at
 PManager.com

