



**Parent Volunteer
Family Information
2024-2025**

FOR OFFICE USE ONLY	
Student(s)' Last Name	
Parent's Last & First Name	
Volunteer Commitment	<input type="checkbox"/> Yes
Vehicle & Insurance Info	<input type="checkbox"/> Yes
Auto Insurance Expiration	
Driver's License Expiration	
Sterling Clearance Date	
Live Scan	<input type="checkbox"/> Yes
Mandated Reporter Training	
Tuberculosis Assessment	

Please complete the following information:

Parent Volunteer's First & Last Name:			
<i>I am the parent/guardian of the following RAA students:</i>			
Student's Name:		Grade:	
Student's Name:		Grade:	
Student's Name:		Grade:	
Student's Name:		Grade:	
Student's Name:		Grade:	