



**Parent  
Volunteer  
Family  
Information  
2023-2024**

FOR OFFICE USE ONLY		
Student(s)' Last Name		
Parent's Last & First Name		
Volunteer Commitment	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Vehicle & Insurance Info	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Auto Insurance Expiration		
Driver's License Expiration		
Sterling Clearance Date		
Live Scan	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Mandated Reporter Training		
Tuberculosis Assessment		

***Please complete the following information:***

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