



Central Middle School  
5121-48 Avenue  
Red Deer, AB.  
T4N 6X3  
(403)346-4397

## VOLUNTEER REGISTRATION FORM

Name of Volunteer: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Home Phone: \_\_\_\_\_

Other Phone: \_\_\_\_\_

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

Child's Name (if applicable): \_\_\_\_\_

Thank you for your willingness to serve as a volunteer at our school. Please be assured that it is greatly appreciated and that it will contribute greatly to enhanced learning experiences for our students.

Please sign below if you are willing for the information shown above, as well as any references you provide to us and information from a Police Information Check, to be shared in confidence with other schools in the Red Deer Public School District.

Signature

Date

\_\_\_\_\_

\_\_\_\_\_

