VOLUNTEER INFORMATION AND VOLUNTEER DRIVER FORM

FIRST NAME: _____

LAST NAME: _____

STREET ADDRESS: _____

CITY, STATE, ZIP CODE: _____

PHONE: _____ E-MAIL: _____

EMERGENCY CONTACT NAME: _____

EMERGENCY CONTACT PHONE NUMBER: _____

I am interested in volunteering for:

- ☐ Field trip driver (additional forms apply below)
- ☐ Sporting Events, specify position _____
- ☐ Parent Ambassador
- ☐ Mustang Greeter (facility supervision)
- ☐ Special Event or Other, please specify: _____

Volunteer Certification: My signature below indicates that I have a copy of and have read and understand the YCHS Student / Parent Handbook and certifies that I am familiar with policies and procedures, especially those pertaining to student behavior, discipline, conduct, incident and injury reporting, abuse and reporting of such. I further certify that if I am driving for a field trip, minimum State of Illinois insurance limits have been met and are in effect.

Volunteer Signature: _____

YORKVILLE CHRISTIAN FIELD TRIP DRIVER INFORMATION

To register as a field trip driver, submit these forms to the main office:

- This completed registration form
- A copy of your driver's license & insurance card

Vehicle Make/ Model: _____ Color: _____ License Plate #: _____

My vehicle holds _____ students in seat belts.

Volunteer Driver Signature: _____ Date: _____

updated information must be placed on file in school office each new school year