



New Volunteer Returning Volunteer Date ____/____/____

VIPS STUDENT VOLUNTEER REGISTRATION FORM

School(s) you plan to volunteer in (if applicable): EF MH NF TT MP LAW FHS

Name: _____ Email Address: _____

Mailing Address: _____

_____ Is this a new address since last September? Yes No

Home Phone: _____ Cell Phone: _____

Please check any areas in which you have an interest in volunteering or already volunteer.

- | | | |
|---|--|--|
| <input type="checkbox"/> Art Room Helper | <input type="checkbox"/> House Office Helper | <input type="checkbox"/> Read Naturally (<i>reading fluency</i>) |
| <input type="checkbox"/> Art Appreciation | <input type="checkbox"/> Key Club Activities | <input type="checkbox"/> Science |
| <input type="checkbox"/> Church Activities | <input type="checkbox"/> Library (School or Public) | <input type="checkbox"/> Student Activities Office Helper |
| <input type="checkbox"/> Class Fund Raising Events/Meetings | <input type="checkbox"/> Local Museums | <input type="checkbox"/> Town Band |
| <input type="checkbox"/> ECO Club/Environmental Activities | <input type="checkbox"/> National Honor Society Activities | <input type="checkbox"/> Tutoring: general studies, French, Spanish, music, etc. |
| <input type="checkbox"/> Falmouth Hospital | <input type="checkbox"/> Office/Clerical | <input type="checkbox"/> VIPS Event Helper |
| <input type="checkbox"/> Falmouth Rec. Summer Camp | <input type="checkbox"/> People for Cats | <input type="checkbox"/> Youth Sports: Coach or Asst. Coach |
| <input type="checkbox"/> Falmouth Road Race | <input type="checkbox"/> Project Inquire | |

Other (please list): _____

Day(s)/Time Available: _____

Student Information:

Grade: _____ Student ID#: _____ Homeroom: _____ Guidance Counselor/Advisor: _____

Do you have a physical condition which needs to be considered in selecting the right assignment? Yes No

If yes, please describe: _____

In case of an emergency, who should we notify?

Name: _____ Relationship: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

When you have completed this form, please send it to:
VIPS, c/o Lawrence School, 113 Lakeview Avenue, Falmouth MA 02540
(508) 548-1621 vips@falmouth.k12.ma.us

**Please remember to log your volunteer hours
on the Student Volunteer Timesheet Form or e-mail them to VIPS.
Forms are available at www.falmouthvips.org/students**