



**West Ada**  
SCHOOL DISTRICT

## VOLUNTEER REGISTRATION

Name: \_\_\_\_\_

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

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

In case of emergency please notify:

\_\_\_\_\_  
\_\_\_\_\_

I have received and read the Volunteer Handbook and I am willing to follow the procedures outlined. If I am a volunteer for overnight excursions or will be working in an unsupervised setting with a student or students, I understand that I will need to be fingerprinted as per Idaho Code 33-130.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date