



West Ada

SCHOOL DISTRICT

VOLUNTEER REGISTRATION

Name: _____

Address: _____

Phone: _____

In case of emergency please notify: _____

I have read the Volunteer Handbook and I am willing to follow the procedures outline. If I am a volunteer for overnight excursions, I understand that I will need to be fingerprinted as per Idaho Code 33-130.

Signature

Date

Children attending Chief Joseph:
