

Bates Volunteer Information Form 2018-19

Dear Parents, Guardians, Friends of Bates,

Volunteers play a very important part in creating school excellence. The contribution of your valuable time and talents helps Bates Middle in so many ways. To serve as a volunteer, **you must fully complete the info form EVERY year and return the form to school as soon as possible**, or email to nodonnell@aacps.org, or fax to 410.263.0295 Attn: N. O'Donnell.

Nancy O'Donnell, School Volunteer Liaison

Melissa Johanson, Volunteer Coordinator

PLEASE PRINT CLEARLY ON BOTH THE FRONT AND BACK PAGE!

FULL NAME	<i>First</i>	<i>Last</i>
ADDRESS	<i>Street/Apt. #</i>	<i>City</i> <i>Zip Code</i>
BEST PHONE #		
EMAIL*	@	

***INCLUDING A VALID EMAIL ADDRESS INDICATES YOUR PERMISSION TO INCLUDE YOU ON OUR VOLUNTEER DATABASE AND CONTACT YOU THROUGH SIGNUP GENIUS AS VOLUNTEERS ARE NEEDED.**

EMERGENCY CONTACT INFO	<i>Name</i>	<i>Relationship</i>	<i>Contact Number</i>
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Student(s):	First and Last Name	Grade
<i>Please list the name(s) and grade(s) of your children who currently attend Bates Middle School, if applicable.</i>		

Please check and complete the following that apply:

PLEASE NOTE: AACPS REQUIRES SCHOOL VOLUNTEERS TO VIEW A SEXUAL HARRASSMENT/CHILD ABUSE TRAINING VIDEO available at this web address: <https://md02215556.schoolwires.net/Page/2460> Information about obtaining a Background Check: <https://md02215556.schoolwires.net/Page/1869>

- I have viewed the SHCA video at Bates or at another school location within the past 3 years. *Please complete the form on the back as verification.* ⇒
- I have viewed the SHCA video online at the above county website link. *Please complete the form on the back as verification.* ⇒
- I would like to attend a Bates Middle Volunteer Orientation Session and view the county-required *Sexual Harassment and Child Abuse* video at the school.
 Best time for training: Morning Afternoon Evening
 (Please include your email address above to get information when training will be held.)



Anne Arundel County Public Schools

Volunteer Program

Sexual Harassment and Child Abuse Video Viewing

Once you have viewed the Sexual Harassment and Child Abuse video online, complete this form and return it to the Staff Liaison for Volunteers at your school.

I certify that I have viewed the Sexual Harassment and Child Abuse video in its entirety and I understand the information contained in it.

Full Name (please print clearly)

Signature

Child's Full Name

Email address/phone number

Date

School