

# IMS WalkAbout Volunteer Information 08-09

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Email address: \_\_\_\_\_ Phone #: (\_\_\_\_\_) \_\_\_\_\_

Mon, Tues, Thurs, Fri		Wed	
Before School	7:20 - 7:37	Before School	9:32 - 9:52
Gray Lunch	10:19 - 10:49	6 <sup>th</sup> Grade lunch	11:10 - 11:40
Maroon Lunch	10:49 - 11:19	Gray Lunch	11:49 - 12:19
6 <sup>th</sup> Grade Lunch	11:19 - 11:49	Maroon Lunch	12:28 - 12:58
After School	2:01 - 2:15 pm	After School	2:16 - 2:30

Please indicate the day and shift you prefer to volunteer below. If you are available for a lunch shift and can cover two or three lunch periods, please let us know.

(example: First Choice: Day: Monday Shift: gray and maroon combined lunch)

First Choice: Day: \_\_\_\_\_ Shift: \_\_\_\_\_

Second Choice: Day: \_\_\_\_\_ Shift: \_\_\_\_\_

Third Choice: Day: \_\_\_\_\_ Shift: \_\_\_\_\_

How often would you like to volunteer?

1xweek  2xweek  every other week  1xmonth  sub only

Would you like to be contacted when we need a sub? Yes \_\_\_\_\_ No \_\_\_\_\_

Additional Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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## Walkabout Participant Statement of Understanding

I \_\_\_\_\_ will be involved in the WalkAbout Program and understand what the program is about and my role as a parent volunteer.

I agree to the following statements:

- I understand that this is a support program versus an enforcement program and will act accordingly as a supporter of the community to keep it safe and healthy.
- I will enter situations only if I feel comfortable and have been informed of options to get support when needed.
- I have read or been given a copy of the school rules and accept them as they are.
- I understand that confidential information may be conveyed to me directly or indirectly as a participant of this program and I will agree to the rules of confidentiality as defined by the coordinators or school administrator.
- I will interact with students as needed and act as a positive role model while I participate in the program.
- I understand that I can be removed from the program at anytime due to inappropriate conduct as determined by the coordinators or the school administration.

I have read the statements above and agree to them as written. I also understand that these statements are only a part of the training involved and that some details are not included in the statement.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date