



VOLUNTEER/CHAPERONE APPLICATION FORM

Please complete this form and submit it to your child's school with the original required clearances and certificates for approval

****Please Print Clearly****

Name: _____

Address: _____

Phone: _____

Email: _____

Building you wish to volunteer in:

___ Church Street Campus

___ Main Street Campus

___ West Fayetteville

Your signature below indicates that you have read and understand DIA's volunteer policy and administrative procedures and agree with the terms.

Volunteer Signature: _____

Date: _____

Your signature below indicates that you have verified the original clearance and supporting documents and have attached copies.

Principal or Designee Signature: _____

Date: _____

Administrative Approval (For Office Use Only)

___ Background Check ___ Mandated Reporter Certificate ___ Training

Admin Name: _____ Admin Signature _____ Date: _____