**Parent Volunteer Form
OST Before/After School Program**

Thank you for your interest in volunteering with the OST Before/After School Program. To ensure the safety and well-being of all children, we require the following information.

**Parent/Guardian Information:
Full Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
**Phone Number:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
**Email Address:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Child(ren) Information:
Child’s Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
**School Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Background Check Verification:**Has the school conducted a background check on you?
( ) Yes
( ) No

*Please note: If your background check has not been completed by the school please do so as soon as possible.* **Volunteer Agreement:**I, **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**, agree to support my child in the OST Before/After School Program by:

* Assisting in program activities when needed.
* Following all program policies and guidelines to ensure a safe and positive environment.
* Communicating any concerns with program staff in a professional and timely manner.
* Adhering to all safety and supervision policies as outlined by the program and state licensing regulations.

I acknowledge that my role is to support my child’s engagement in the program.

**Parent/Guardian Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date:** \_\_\_\_\_\_\_\_\_\_\_