



SANTA MARGARITA CATHOLIC HIGH SCHOOL
ON-CAMPUS PARENT VOLUNTEER SIGN-UP FORM

2010-2011

TRAINING _____
FP _____
DO POLICY _____

A NEW FORM MUST BE COMPLETED EACH SCHOOL YEAR
FOR ALL NEW AND RETURNING VOLUNTEERS

Date _____

Parent's Name: _____
(Please Print Legibly)

Address: _____

City _____ Zip Code _____

Student(s) Name and Grade: _____

PREFERRED METHOD OF CONTACT IS VIA EMAIL

EMAIL ADDRESS: _____

Cell Phone No.: _____ Daytime Phone No.: _____

Evening Phone No: _____

If previously fingerprinted for a school within the Diocese of Orange, please indicate which school _____

BELOW ARE SUGGESTED AREAS WHERE VOLUNTEERS ARE NEEDED.
PLEASE CHECK YOUR AREAS OF INTEREST

- ANY AREA
ACTIVITIES DEPARTMENT
ART WORK, DECORATIONS, POSTERS
ASSEMBLING MAILERS
ATTENDANCE & DISCIPLINE OFFICE
BOOKSTORE/SUMMER BOOK SALES
CAMPUS MINISTRY-DRIVERS-CHAPERONES
CLERICAL HELP
DOCENTS—TOURS
IB SUBSTITUTE TEACHERS
IB/AP TEST SUPERVISION (PROCTOR)
MAGAZINE DRIVE
NURSES
ON-CALL SUBSTITUTE TEACHERS
TEACHER'S AIDE (GRADE PAPERS, COMPUTER INPUT)
PARENT TEACHER GUILD ACTIVITIES
SCRIP SALES

OTHER AREAS OF SERVICE OFFERED: _____

If you have any questions, please call the Office of Administration at 949-766-6002 or 949-766-6008.
Please return this form to: Santa Margarita Catholic High School
Attn: Lucretia Dominguez, Vice President-Administration
22062 Antonio Parkway
Rancho Santa Margarita, CA 92688