

**MAGGIE L. WALKER GOVERNOR'S SCHOOL**



**VOLUNTEER REGISTRATION FORM**

First Name

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Last Name

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Address

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City/State/Zip

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Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Email

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I am volunteering for the following types of activities:

Field Trip Chaperone

Library Helper

Event Helper

Club Activities: Name of Group \_\_\_\_\_

Athletic Activities \_\_\_\_\_

Other

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Other

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Other

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**VOLUNTEER HANDBOOK RECEIVED: \_\_ YES \_\_ NO DATE: \_\_\_\_\_**