

**Beaver Local School District**  
Parent Volunteer Acknowledgement Form

Parent Name: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

If a parent/guardian/relative of an Beaver Local School District student, please list name(s) below (if not, please indicate N/A in first field).

Student(s) First and last name	Grade	Teacher
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____

Yes      No

- I have read and reviewed the BLSD Volunteer Training powerpoint video.
  
- I have read, understand and agree with the 'BLSD Volunteer Training Program' guidelines, policies and procedures.
  
- I understand that by signing this form I am releasing the District of any obligation should I become ill or receive an injury as a result of my volunteer service(s).

\_\_\_\_\_  
Volunteer Signature

\_\_\_\_\_  
Date