



**Penn-Harris-Madison School Corporation
Volunteer Intake Form**

Last Name First Middle

Address City State Zip

Home phone Work phone Cell phone

E-mail address: _____

School(s) for volunteer placement: _____

Student's name
(if applicable): _____ Grade _____ School _____

Relationship to student: _____

Please indicate your areas of interest: _____

How often will you be volunteering? _____

Please list two people to contact in case of an emergency:

Name Address

Home Phone Work Phone Cell Phone

Name Address

Home Phone Work Phone Cell Phone

Primary doctor's name: _____ Phone _____