



HIGHLANDS SCHOOL DISTRICT VOLUNTEER PROGRAM

Volunteer Registration Form

Please complete and submit to Principal, Athletic Dept. or Volunteer Program Coordinator at
Highlands School District, 1330 11th Ave., Box #288, Natrona Heights, PA 15065 or
mchybrzynski@goldenrams.com.

Name: _____

Address: _____

Phone (day) _____ (evening) _____

Email address: _____

Are you a parent of a HSD student?

Name: _____ School: _____

Name: _____ School: _____

Name: _____ School: _____

Do you consent to a background screening for approval? _____
(Please mark if you are a HSD employee)

D.O.B: _____

S.S. #: _____

Mark area of interests:

PTA/PTO
school:

Booster Organization
Activity:

Athletic Dept.
Team:

Chaperone

Classroom
Teacher:

Other (specify):

**Your signature indicates that you agree
to comply with all District Policies.**

Signed: _____

Date: _____

EMERGENCY INFORMATION

Your Birth Date: _____

Emergency Contact: _____

Relationship: _____

Home Phone: _____

Work Phone: _____

Alternate Contact: _____

Relationship: _____

Home Phone: _____

Work Phone: _____

Physician Preference: _____

Phone: _____

Hospital Choice: _____

In the event that I need emergency treatment requiring medical care you have my permission to seek help as listed above or at the nearest hospital available. I will assume responsibility for fees incurred.

Signed: _____ Date: _____