Cascade
Union Elementary School District
Inspire · Believe · Achieve

Volunteer Assistance Sign-Up Sheet

Volunteer Nonteaching Para Educator

Signature authorizes the district to conduct this automated check.

First Name	Middle (Please Print)	Last Name	(Maiden Name)

Date of Birth	Social Security # (Optional)	Volunteer Signature

Classroom Requesting:_____
(Teacher's Name)

Child (if appropriate):_____
(Your Child's Name)

AUTHORIZATION

I authorize the above volunteer to work as a nonteaching Para educator.

Principal's Authorization Date