

# WE VOLUNTEERS

**Attention returning volunteers!**

**You do not need to attend the volunteer meeting  
On Tuesday, August 22, 2017**

**If you would like to continue to be a volunteer, please complete  
the tear off below and return it to Mrs. Granados.**

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Volunteer's Name: \_\_\_\_\_

Student's Name: \_\_\_\_\_ Grade: \_\_\_\_\_

I understand that as a continuing volunteer, I will need to abide by the volunteer agreement I signed with my previous application. I understand that my name will be reviewed against Megan' Law data base. I also understand that if my TB test or it's equivalent is older than 4 years I will need to provide new results to the school.

Volunteer's signature: \_\_\_\_\_ Date: \_\_\_\_\_