



CHIME Charter School Volunteer Training Verification

I have viewed the CHIME Charter School Volunteer Training slideshow and agree to follow the guidelines established for volunteers. I pledge to honor student and family confidentiality at all times.

Name (Please Print)

Signature

Child/Children's Name(s)

Child/Children's Teachers

Please sign this form and send it in to your child's teacher along with a copy of your TB test. Thank you!