

New Orleans Public School District

Volunteers Involved in Better Education Registration Form

Date: _____

Name: _____
Last First Middle

Mailing Address: _____
Street Address Apt. #

City State Zip Code

Email: _____

Home Phone: _____ Work Phone _____

Number of years as a NOPS Volunteer: _____

Do you have a child in NOPS? No Yes (If yes, complete below)

School Name _____

Child/Children's Name _____

Do you have an approved Criminal Background Check Form on file for the 2006-2007 school year? Yes No

If no, please print and fill out the [Criminal Background Check Form](#).

Please check appropriate box if you are volunteering through a:

BUSINESS ORGANIZATION UNIVERSITY STUDENT GROUP

Please enter group name here: _____ LSUHSC/NOPS Science Partnership

Volunteer Signature: _____