SPECIAL EDUCATION PROGRAM APPROVAL TEAM VOLUNTEER FORM

MAIL, FAX OR EMAIL COMPLETED FORM TO HELEN OR PAT OR MICHELE AT SERESC:
29 Commerce Dr. Bedford, NH 03110 FAX 603-434-3891
helen@seresc.net or pat@seresc.net or mwatson@seresc.net

Please type or print clearly

Name:	Position:
School:	Town:
SAU #:	Work Phone:

Mail will be sent to your home address unless requested otherwise. It's also helpful to know where you live when deciding which volunteers to contact for which sites. An e-mail address will give us a quick and easy way to contact you. Your home/cell phone number is needed only for snow-day cancellations or other last minute problems regarding a visit. All of this information will be kept in our database and **not shared** with anyone.

Home Address, City, Zip:	
Home Phone: Cell Phone:	Email : (work or home)
Certifications:	

Have you served on a NHDOE Special Education Program Approval and Improvement Team before?
Yes No

Travel Restrictions:
Other Comments or Restrictions:

WHEN YOU ARE ASKED TO BE PART OF A TEAM, PLEASE LET US KNOW IMMEDIATELY IF THERE IS ANY CONFLICT OF INTEREST (SUCH AS PREVIOUS EMPLOYMENT IN THAT DISTRICT OR CHILDREN OF YOUR OWN IN THAT SCHOOL)

Briefly explain any additional information about your skills that you feel would be valuable to the Team: