



School Volunteer Application

Name: _____ E-Mail: _____

Address: _____

Day Phone: _____ Evening Phone: _____

Age: 18-20 years 21-61 years 62 years & over Gender: Male Female

What school (s) do your children attend?

Child's name: _____ Grade: _____ Teacher (if known) _____

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Availability/Interests

I would like to volunteer: Once a month Once a week More than once/week
 Special events/as needed

I would like to volunteer: Weekday mornings Weekday afternoons Evenings
 Weekends

I would like to volunteer as a: *Mark all that interest you*

classroom assistant office assistant guest speaker special events planner/helper
 tutor field trip chaperone mentor other _____
(date of trip and place: _____)

Health Information

Who should we contact in case of an emergency?

Name: _____ Relationship to you: _____

Telephone: Home _____ Work _____ Mobile _____

Do you have any injuries, illnesses, or physical limitations we should be aware of? If yes, please describe:

Are you taking any medication we should be aware of in the event of an emergency? If yes, please list:

Do you currently have any contagious or infectious diseases? Yes No

If yes, you must provide a doctor's statement verifying that you can work with the public.