

VOLUNTEER APPLICATION FORM
(PLEASE PRINT)

Name: _____ Date: _____
Address: _____ Telephone: _____
City/State: _____ Zip Code: _____
E-Mail: (If applicable): _____

State law requires all volunteers (except parents who have students in the school district for which they are volunteering) to be fingerprinted when working in a public school setting.

VOLUNTEER INFORMATION:

I would be interested in volunteering in the following capacities:

Tutorial Clerical Coaching Other

School: SPS (K-2) Sopori (K-5) SIS (3-5) Anza Trail (K-8)
 SMS (6-8) SHS (9-12) WGHS (9-12) CVES (K-5)

Subject Areas: _____

I would be available to volunteer on the following days of the week:

DAY	<input type="checkbox"/> Monday	<input type="checkbox"/> Tuesday	<input type="checkbox"/> Wednesday	<input type="checkbox"/> Thursday	<input type="checkbox"/> Friday
TIME					

I have volunteered for SUSD#30 in the past: Yes No When: _____
Are you a **parent** of a **student** in the District? Yes No If yes, please list: _____
Student(s) name: _____ **School(s) & Grade(s):** _____

PERSONAL INFORMATION:

Highest Degree or Grade Attained: _____
How long have you lived at your present address? _____
Have you ever had a court conviction excluding misdemeanors? _____
If yes, please explain: _____
Additional Comments: _____

EMERGENCY INFORMATION:

Name: _____ Relation: _____
Address: _____ Telephone: _____
City/State: _____ Zip Code: _____

FOR OFFICE USE ONLY:

Grade Level: _____ Subject Assigned: _____
Classroom/Area: _____ Teacher/Supervisor: _____
Supervision Required: Yes No

Principal's Signature