

**VOLUNTEER APPLICATION**  
(Separate Application for each school)

VOLUNTEER NAME \_\_\_\_\_ DATE \_\_\_\_\_ PHONE \_\_\_\_\_

ADDRESS \_\_\_\_\_ ZIP \_\_\_\_\_ BIRTHDAY \_\_\_\_-\_\_\_\_-\_\_\_\_

List your children(s) name(s), grade level, and teacher \_\_\_\_\_

Do you work full time? \_\_\_ Available time to volunteer: \_\_\_\_\_ Hour(s) \_\_\_\_\_ Day(s)

Do you prefer to work with a particular teacher? \_\_\_ Yes \_\_\_ No \_\_\_ Makes No Difference.

If yes, please give the teacher's name. \_\_\_\_\_

If this arrangement is not possible, would you accept another assignment? \_\_\_ Yes \_\_\_ No.

**TYPES OF VOLUNTEER ASSIGNMENT PREFERRED:**

1. DIRECT PUPIL TEACHER ASSISTANT

- A. \_\_\_ Listen to children read.
- B. \_\_\_ Help children with spelling words.
- C. \_\_\_ Help prepare bulletin boards.
- D. \_\_\_ Help prepare and/or play learning games.
- E. \_\_\_ Reproduce materials
- F. \_\_\_ Collect lunch money
- G. \_\_\_ Enrichment activities (PE instruction, exposure of foreign language, science projects
- H. \_\_\_ Help prepare for arts and craft projects.
- I. \_\_\_ Help children on computer.
- J. \_\_\_ Help with the Family Consumer Science Department (sewing, cooking, etc.).

OTHER \_\_\_\_\_

2. GENERAL SUPPORT SERVICES

- A. \_\_\_ Count store receipts
- B. \_\_\_ Library assistance
- C. \_\_\_ Screenings (vision, hearing, scoliosis, etc.)
- D. \_\_\_ Make costumes for programs
- E. \_\_\_ Class parties, field trips, etc.
- F. \_\_\_ Help at teacher center
- G. \_\_\_ Help with Book It
- H. \_\_\_ Help with Book Fair
- I. \_\_\_ Help during Teacher Appreciation Week
- J. \_\_\_ Office assistance (filing, phone, messages, etc.)
- K. \_\_\_ Concession stand assistance

3. RESOURCE VOLUNTEER

Willing to share hobbies, career, etc., on occasional basis.

Special skills, interest, or hobbies which you would be willing to present to students. \_\_\_\_\_

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OFFICE USE ONLY

Assigned to: \_\_\_\_\_ Day \_\_\_\_\_ Time \_\_\_\_\_

Beginning date; \_\_\_\_\_ Orientation: \_\_\_\_\_