

## Volunteer Application

Contac	t Information				
Name					
Child's Name/Building your Child Attends					
Street Address					
City ST ZIP Code					
Home Phone					
Work Phone					
E-Mail Address					
	*11*4				
Availab		li into orina	~?		
vvnere a	ire you interested in vo	iunteering	g?		
	Preschool Beverly Gardens Elem Brantwood Elementary Saville Elementary Stevenson Elementary Spinning Hills Middle S Mad River Middle School	, School			
During v	vhich hours are you av	ailable for	r volunteer assignments?		
	Weekday mornings Weekday afternoons Weekday evenings		Weekend mornings Weekend afternoons Weekend evenings		
Interes	ts				
Tell us i	n which areas you are	interested	d in volunteering		
	Arts/crafts Check-in Co-op supp	lies			
<ul><li>□ Concessions</li><li>□ Drop off/Pick up assistance</li></ul>					
□ Events					
☐ Field trip chaperone					
	Fundraising Grading papers Lunch assistance				
	Making copies				
	PTO				
	Reading to students Other				

<b>Special Skills or Qualifica</b>	tions
	qualifications you have acquired from employment, previous volunteer work, uding hobbies or sports that you would like us to know about.
Person to Notify in Case of	of Emergency
Name	
Street Address	
City ST ZIP Code	
Home Phone	
Work Phone	
E-Mail Address	
Agreement and Signature	
	I affirm that the facts outlined in it are true and complete. I understand that r, any false statements, omissions, or other misrepresentations made by ult in my immediate dismissal.
Name (printed)	
Signature	
Date	

## **Our Policy**

It is the policy of this organization to provide equal opportunities without regard to race, color, religion, national origin, gender, sexual preference, age, or disability.

Thank you for completing this application form and for your interest in volunteering with us.

<sup>\*</sup>A background check may be required to volunteer.