



Make A Difference... Volunteer

ABC UNIFIED SCHOOL DISTRICT

ACADEMIC SERVICES

SCHOOL AND COMMUNITY PARTNERSHIPS

VOLUNTEER APPLICATION

This information allows us to match your expertise, interest and skills with requests made by teachers for a volunteer. It will also assist us in recognizing your volunteer efforts through your employer and/or professional associations.

I. PERSONAL INFORMATION

Name:

(Last) (First) (Middle) (Home Phone)

Mailing Address:

(City) (Street) (Zip Code) (Driver License #)

(Employer) (Type of Business) (Position/Title)

Employment Address:

(City) (Street) (Zip Code)

Telephone Number:

(Work Phone Number) (Fax Number) (E-mail Address)

Brief Description of your Job: _____

Job Related Experience: _____

Hobbies/special skills to share with students/schools: _____

Previous volunteer experience: _____

Why do you want to volunteer in a public school? _____

Do you speak any other language? Yes: _____ No: _____ If yes what language: _____

II. PLACEMENT INFORMATION (please check preference of student level)

- | | |
|---|--|
| <input type="checkbox"/> Preschool/Elementary | <input type="checkbox"/> Special Education |
| <input type="checkbox"/> Middle School | <input type="checkbox"/> Gifted and Talented |
| <input type="checkbox"/> High School | <input type="checkbox"/> Any |

Time Preference

- | | | | |
|----------------------------------|------------------------------------|-----------------------------------|-----------------------------------|
| <i>(Can Volunteer # of Days)</i> | <i>(Best Days)</i> | <i>(Max. # of hours per week)</i> | |
| <input type="checkbox"/> Morning | <input type="checkbox"/> Afternoon | <input type="checkbox"/> Evening | <input type="checkbox"/> Saturday |

Prefer to volunteer (check all that apply)

- | | |
|--|--|
| <input type="checkbox"/> Regularly: _____ | <input type="checkbox"/> Occasionally : _____ |
| <input type="checkbox"/> Work with one student or just a few | <input type="checkbox"/> Work with large group or entire class |
| <input type="checkbox"/> Short term- special project | <input type="checkbox"/> Long-term (3 months or more) |
| <input type="checkbox"/> Work individually as a volunteer | <input type="checkbox"/> Work as part of a team of volunteers |

Activity preference (check all that apply)

- | | |
|---|--|
| <input type="checkbox"/> Tutoring | <input type="checkbox"/> Help sponsor a Club |
| <input type="checkbox"/> Mentoring | <input type="checkbox"/> Enrichment Activities such as:
_____ |
| <input type="checkbox"/> Guest Speaking | <input type="checkbox"/> Assist with Writing Activities |
| <input type="checkbox"/> Assist with Special Projects | <input type="checkbox"/> Host Field Trips |
| <input type="checkbox"/> Assist in Reading Projects | <input type="checkbox"/> Prepare instruction aids |
| <input type="checkbox"/> Job Shadowing | <input type="checkbox"/> Serve on a Committee |
| <input type="checkbox"/> Gather Resource Material | <input type="checkbox"/> Loan/Donate Books/Equipment |
| <input type="checkbox"/> Arrange student or teacher internships | <input type="checkbox"/> Provide Simulated Job Interviews |
| <input type="checkbox"/> Present Oral or Living History | <input type="checkbox"/> Provide Career Information |
| <input type="checkbox"/> Assist with debates or other presentations of issues | |
| <input type="checkbox"/> Assist with Career Fair | |
| <input type="checkbox"/> Other _____ | |

III. Recognition Information (If applicable)

Who should be recognized for allowing you time away from your regular position to volunteer?

Names: _____

Address: _____ **Telephone Number:** _____

To what professional societies and associations do you belong? _____

How did you learn about this volunteer project? _____

Signature: _____ **Date:** _____