

Application Form School Volunteer

Name: _____

School: _____

Telephone Number: _____

I am the parent/guardian/grandparent of:

Child's name: _____ Grade: _____

Child's name: _____ Grade: _____

Child's name: _____ Grade: _____

I would like to work with these grades:

(You may choose as many as you wish)

K 1 2 3 4 5 No preference

Please circle to indicate when you are available:

<u>Monday</u>	<u>Tuesday</u>	<u>Wednesday</u>	<u>Thursday</u>	<u>Friday</u>
AM	AM	AM	AM	AM
PM	PM	PM	PM	PM

Check for completed forms:

_____ Act 151 Clearance

_____ Act 34 Clearance