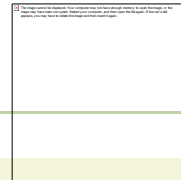


Volunteer Application



Contact Information

Name	
Street Address	
City ST ZIP Code	
Home Phone	
Work Phone	
E-Mail Address	

Availability

During which hours are you available for volunteer assignments?

Weekday mornings
 Weekday afternoons
 Weekday evenings

Interests

Tell us in which areas you are interested in volunteering

<input type="checkbox"/> Office (<i>working in the office</i>)	<input type="checkbox"/> Grant writing (<i>working with Cindy</i>)	<input type="checkbox"/> Publicity/recruitment (<i>working with Cindy and Community Council</i>)
<input type="checkbox"/> Before school playground oversight (<i>8:20 – 8:50</i>)	<input type="checkbox"/> Handyman repairs (<i>occasional and often simple</i>)	<input type="checkbox"/> Bus safety rider (<i>mornings or afternoon ride-along</i>)
<input type="checkbox"/> Volunteer coordination	<input type="checkbox"/> Book Fair	<input type="checkbox"/> Newsletter production
<input type="checkbox"/> School auction	<input type="checkbox"/> Picture Day	<input type="checkbox"/> Yard Sale
<input type="checkbox"/> Lunch room oversight (<i>10:45 – 1:00 pm or part of that time</i>)	<input type="checkbox"/> Classroom Art parent (<i>1 to 2 adults per class, with a short monthly training for ideas/techniques</i>)	<input type="checkbox"/> Art Show Coordinator (<i>Preparation of students' art and posting at school & public locations periodically</i>)
<input type="checkbox"/> Painting (<i>around the school</i>)	<input type="checkbox"/> End of the year fun day	<input type="checkbox"/> Playground improvement
<input type="checkbox"/> Library organizer (<i>at your schedule but regularly</i>)	<input type="checkbox"/> Recycling program (<i>1x/week</i>) to deliver.	<input type="checkbox"/> Staff appreciation (<i>periodically throughout the year</i>)
<input type="checkbox"/> Listeners for reading children (<i>weekly or at your schedule</i>)	<input type="checkbox"/> Field trip chaperone (<i>school-wide or classroom</i>)	<input type="checkbox"/> Presenter or teacher to students (of your career, hobby or area of expertise):

Special Skills or Qualifications

Summarize special skills and qualifications you have acquired from employment, previous volunteer work, or through other activities, including hobbies or sports.

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Previous Volunteer Experience

Summarize your previous volunteer experience.

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Person to Notify in Case of Emergency

Name	
Street Address	
City ST ZIP Code	
Home Phone	
Work Phone	
E-Mail Address	

Agreement and Signature

While performing volunteer service for Garden City Community School, I am bound by laws and policies, which protect the privacy of student information I hear or see. I agree to keep this information in the strictest confidence and that the failure to do so may result in my being denied the opportunity to volunteer. By submitting this application, I affirm that the facts set forth in it are true and complete. I understand that if I am accepted as a volunteer, any false statements, omissions, or other misrepresentations made by me on this application may result in my immediate dismissal.

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

Name (printed)	
Signature	
Date	