

Garland Independent School District
VOLUNTEER PROGRAM APPLICATION FORM
 (Please print or type)

PERSONAL DATA

Name _____

Last
First
Middle

Home Mailing Address _____

Street
City
Zip

Home Phone _____ Work Phone _____

Your Child's Name _____ Grade _____ Teacher's Name _____

REFERENCES

Name	Position / Relationship	Address	Phone Number

Experience working with children _____

Years of Volunteer Service to GISD (including this year) _____

TYPE OF VOLUNTEER SERVICE PREFERRED:

- | | | |
|---|---|---|
| <input type="checkbox"/> Listen to students read
<input type="checkbox"/> Read aloud to students
<input type="checkbox"/> Math tutor
<input type="checkbox"/> Tutor (subject) _____
<input type="checkbox"/> Small group work
<input type="checkbox"/> Assist in special education
<input type="checkbox"/> Computer skills _____
<input type="checkbox"/> Clinic aide | <input type="checkbox"/> Assist with displays/bulletin boards
<input type="checkbox"/> Assist with art activities
<input type="checkbox"/> Clerical work to take home and complete
<input type="checkbox"/> Clerical aide - office
<input type="checkbox"/> Clerical aide - teacher
<input type="checkbox"/> Lunch room aide
<input type="checkbox"/> Library aide
<input type="checkbox"/> Mentor | <input type="checkbox"/> Playground aide
<input type="checkbox"/> Room mother
<input type="checkbox"/> Field Day chaperone
<input type="checkbox"/> Assistant room mother
<input type="checkbox"/> Field Day helper
<input type="checkbox"/> Special expertise to share in classroom participation
<input type="checkbox"/> Other _____ |
|---|---|---|

Interests/Hobbies

Please indicate the days and hours you can serve:

Monday Tuesday Wednesday Thursday Friday Saturday Sunday

AM _____

PM _____

PERSON(S) TO CONTACT IN CASE OF AN EMERGENCY:

Name _____	Address _____	Phone _____
Name _____	Address _____	Phone _____

In consideration of my volunteer work, I agree to conform to the policies and rules of the Garland Independent School District. I have read both the **GUIDELINES FOR VOLUNTEERS** and the **CODE FOR VOLUNTEERS** in my handbook, and agree to uphold these principles in my volunteer work.

VOLUNTEER SIGNATURE _____ **CAMPUS** _____ **DATE** _____

PLEASE RETURN THIS FORM TO THE SCHOOL OFFICE, THIS FORM BELONGS ON THE SCHOOL CAMPUS