



School District of Janesville
Community Involvement Program
Volunteer Application

Please print clearly

Date: _____

DOB _____

(mm/dd/yyyy)

Name: _____
(LEGAL FIRST) (M.I) (ALL KNOWN LAST NAMES)

Home Address: _____
(STREET) (CITY) (ZIP)

Telephone #: _____ E-mail _____

Day/s Available... M, T, W, TH, F Time of Day Available _____ Current Employee w/ SDJ Y / N

Please check one of the following:

- Returning Volunteer from 20_____
One time volunteer (Field trip, PTA events, one time event, guest speaker)
New volunteer

Special Interests/Talents/Hobbies: _____

Grade Level/s:

- Elementary (Early childhood – Grade 5) Middle (Grade 6 – 8) High (Grade 9 – 12)

School preferred: _____

Teacher preferred: _____

My signature below authorizes the school district to conduct a criminal background investigation.

Signature: _____ Date: _____

References: You must list name & telephone number of at least two people. References can be: volunteer coordinators, fellow volunteers, employers, supervisor, director of community organization, etc.

References should not be relatives.

Table with 3 columns: Name, Relationship, Telephone or email. Rows 1, 2, 3.

School forwarding this Application _____

TO BE COMPLETED BY DISTRICT OFFICE

Approved By: _____ Date: _____

Not Approved: _____ Date: _____