



School District of Janesville
Community Involvement Program
Volunteer Application

Date: _____

Name: _____ DOB: _____
(FIRST) (M.I.) (LAST) (mm/dd/yyyy)

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

Telephone #: _____ E-mail _____

Current Employee w/ SDJ Y / N

Day/s Available... M, T, W, TH, F Time of Day Available _____
Returning Volunteer Y / N in 20__

Academic interests:

- Math Language Arts Writing Tech Ed
Science Reading Grammar Foreign Languages
Social Studies Spelling Geography Consumer Ed. F/CE
FRC (Family Resource Center)
Others _____

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. Rows 1, 2, 3.

School forwarding this Application _____

TO BE COMPLETED BY DISTRICT OFFICE

Approved By: _____ Date: _____

Not Approved: _____ Date: _____