



School District of Janesville
Community Involvement Program
Volunteer Application

Date : _____

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

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

Telephone #: _____ E-mail _____

Business Name: _____

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

Business Telephone #: _____ E-mail: _____

Day/s Available _____ Time of Day Available _____

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

School forwarding this Application _____

TO BE COMPLETED BY DISTRICT OFFICE

Approved By: _____ Date: _____

Not Approved: _____ Date: _____