

VOLUNTEER APPLICATION

You are invited to donate your time and talents as a volunteer at Richfield Joint District #1. As a volunteer, you can help students learn by sharing your time, skills, or interests. Your gift of time will help our students develop more positive attitudes about learning and motivate them toward reaching their highest potential.

Please fill out this form to indicate how you are willing to help. This information will be used to help us plan for volunteerism in the schools. All chaperones for field trips are required to fill out a Volunteer Application. Please return this form to Richfield or Plat Elementary School.

NAME: _____ E-MAIL: _____

ADDRESS: _____

PHONE: _____ CELL: _____

SOCIAL SECURITY NUMBER: _____ DATE OF BIRTH: _____

In case I become ill or injured while volunteering, please call the following:

Name: _____ Phone: _____

I authorize all treatment deemed advisable and suggest:

Doctor: _____ Phone: _____

Please indicate any unusual health hazards, serious allergies or other information that you feel is important for the office to know. _____

I am available to help students: _____ Weekly _____ Monthly _____ Occasionally

My Volunteer Interests Are:

- | | |
|---|--------------------------------------|
| _____ 1. Working with one student | _____ 8. Supervise Playgrounds |
| _____ 2. Helping in the classroom | _____ 9. Technology Aide |
| _____ 3. Helping in academic areas | _____ 10. Help in lunchroom |
| _____ 4. Help students/staff with special tasks | _____ 11. Chaperone field trips |
| _____ 5. Working with small group | _____ 12. Tutoring reading |
| _____ 6. Bulletin Boards/Display Case | _____ 13. Other ideas (Please list) |
| _____ 7. Help with activities/celebrations/special projects | _____ 14. Nightly Reading |

Please List Your Child(ren)'s Name(s) and Grade(s)

Name: _____ Grade: _____

Name: _____ Grade: _____

Name: _____ Grade: _____

SIGNATURE: _____ **Date:** _____