

VOLUNTEER APPLICATION

You are invited to donate your time and talents as a volunteer in the Holy Hill Area School District. 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 Friess Lake Elementary School or Richfield Middle 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:

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

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

Name: _____ Grade: _____

Name: _____ Grade: _____

Name: _____ Grade: _____

I consent to the Holy Hill Area School District performing a background check based on the above information.

SIGNATURE: _____ **Date:** _____