Garland Independent School District

VOLUNTEER PROGRAM APPLICATION FORM

(Please print or type)

PERSONAL DATA

Name_____
Last First Middle

Home Address _____
Street Apt. # City State Zip

Home Phone _____ Work Phone _____

Cell Phone _____ Email Address _____

Your Child's Name _____Grade _____ Teacher's Name _____

REFERENCES

Name	Position/Relationship	Address	Phone Number

Experience working with children _____

Years of Volunteer Service to GISD (including this year) _____

TYPE OF VOLUNTEER SERVICE PREFERRED:

__Listen to students read
__Read aloud to students
__Tutor students in (subject)_____
__Assist in special education
__Computer skills _____
__Assist with displays/bulletin boards
__Assist with art activities
__Office aide
__Classroom aide
__Mentor
__Playground Aide
__Room Parent
__Asst. Room Parent
__ Field Day Chaperone
__Camp/Out of town Chaperone
__Other _____
_____

Interests/Hobbies _____

Please Indicate the days and hours you can serve: _____

PERSON(S) TO CONTACT IN CASE OF AN EMERGENCY:

Name _____Phone Number _____

Name _____Phone Number _____

In consideration of my volunteer work, I agree to conform to the policies and rules of the Garland Independent School District. I have read the volunteer handbook, and agree to uphold these principles in my volunteer work.

VOLUNTEER SIGNATURE _____CAMPUS _____DATE _____

THIS FORM IS FOR CAMPUS RECORDS