

ADULT INVOLVEMENT APPLICATION

for
Volunteer Program

NAME: _____

ADDRESS: _____

PHONE: _____

What are you volunteering for? _____

Please check the days and the time available.

Monday Tuesday Wednesday Thursday Friday

am
pm

How often a month can you participate? _____

Are you more comfortable working with a particular grade level? Yes No
Which ones? _____

Have you worked with children before? Yes No
In what capacity? _____

Please list below previous work and/or volunteer experience. Include where, when, and what you did. _____

Have you ever been convicted of a felony? Yes No

What are your hobbies? _____

What are your special interests? _____

Please call Joey Reome, Athletic Director at 389-5131 Ext. 29119, if you have any questions.

Please return this application to the Athletic Director or the High School Main Office.

Approved _____
Joey Reome, Athletic Director

Christopher Rose, Superintendent