

VOLUNTEER INFORMATION FORM

School Year: _____

New Volunteer

Returning Volunteer

Name: _____ Phone: _____ E-Mail: _____

Address: _____ City: _____ State: _____ Zip: _____

Are you: Parent Grandparent Other (specify) _____

School you wish to volunteer at: (One school or area per application)

Desert Vista Elementary

Cactus Canyon Junior High

Arizona Lecture Series

Four Peaks Elementary

Apache Junction High

District Office

Peralta Trail Elementary

Mountain Shadows Education Center

Other: _____

Superstition Mountain Elementary

What area would you like to work in? Pre-K – 3 4 – 6 7 – 8 9 – 12

Would you like to serve as: Foster Grandparent Aide Tutor School Committee

What academic subject could you tutor? English Math Science Other: _____

Have you worked as a volunteer in AJUSD before? Yes No If yes, how many years? _____

Who to contact in the event of an emergency _____ Phone _____

Family Physician _____ Phone _____

Illness or Special Health Conditions _____

* From time to time volunteers may be asked to go on field trips. Volunteers with health or physical restrictions should thoroughly investigate field trips before offering to act as a sponsor.

Volunteer's signature: _____ Date: _____

References (New Volunteers only)

Please list three individuals who have known you for at least two (2) years. Local references are preferred.

Reference #1

Name: _____ AM Phone: _____

Address: _____ State: _____ Zip _____

Known for _____ years. Reference checked by: _____

Date: _____

Reference #2

Name: _____ AM Phone: _____

Address: _____ State: _____ Zip _____

Known for _____ years. Reference checked by: _____

Date: _____

Reference #3

Name: _____ AM Phone: _____

Address: _____ State: _____ Zip _____

Known for _____ years. Reference checked by: _____

Date: _____

Principal's approval: _____ Date: _____