



School District of Janesville
Community Involvement Program Volunteer Application

Date: \_\_\_\_\_

Please print clearly & be sure to fill out form completely

DOB \_\_\_\_\_ (mm/dd/yyyy)

Name: \_\_\_\_\_ (LEGAL FIRST) (M.I) (CURRENT LAST NAME) (ALL OTHER KNOWN LAST NAMES)

Home Address: \_\_\_\_\_ (STREET) (CITY) (ZIP)

Telephone #: \_\_\_\_\_ E-mail: \_\_\_\_\_

Child's name(s) Current employee with SDJ: Y / N

Please check ONE of the following:

- Returning Volunteer from 20 Must reapply every year
One time volunteer (Field trip, PTA events, one time event, guest speaker) No references needed at bottom
New volunteer - Be sure to list references at the bottom that can be reached during the day

Special Interests/Talents/Hobbies: \_\_\_\_\_

Grade Level/s:

- Elementary (Early childhood - Grade 5) Middle (Grade 6 - 8) High (Grade 9 - 12)

School(s) preferred: \_\_\_\_\_ Teacher preferred: \_\_\_\_\_

My signature below authorizes the school district to conduct a criminal background investigation.
Signature: \_\_\_\_\_ Date: \_\_\_\_\_

References: You must list name & telephone number of at least two people. References can be: volunteer coordinators, fellow volunteers, employers, supervisor, director of community organization, etc.

References should not be relatives.

Table with 3 columns: Name, Relationship, Telephone or email. Contains 3 numbered rows for reference information.

School forwarding this Application \_\_\_\_\_

TO BE COMPLETED BY DISTRICT OFFICE

Approved By: \_\_\_\_\_ Date: \_\_\_\_\_

Not Approved: \_\_\_\_\_ Date: \_\_\_\_\_