MANSFIELD ISD VOLUNTEER APPLICATION FORM

Name: ___________________________ Home Telephone: __________________
Address: ___________________________ Bus. Telephone: __________________
Campus to Volunteer at: ___________________________ Best Time to be Reached: ______

Child’s Name | Grade | Homeroom Teacher
--- | --- | ---
1. | | |
2. | | |
3. | | |

**TYPE OF VOLUNTEER SERVICE PREFERRED**

- *Instructional Tutor*
  - Reading
  - Math
  - Special Education
  - Other
  - General Classroom Assistant
  - Work with Small Groups
  - Work with Individual Children
  - Assist in Classroom During
  - Teacher Luncheons
  - Help with Special Projects

- Nurse’s Office
- Recycling Project
- Assist with Clerical/Workroom
- Operating Copy/Laminating Machines
- Lunchroom Volunteer
- Workroom
- Office Volunteer
- Computer
- Library (Training Provided)

*Complete back of form if checked*

Experience Working with Children: ______________________________________________________

Personal Interests; Special Skills; Hobbies: ________________________________________________

Please Note the Days and Hours You Can Serve:

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<th>Time</th>
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<th>Tuesday</th>
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Comments: ____________________________________________________________________________

Is there any grade level you do **NOT** want to work?

If you cannot volunteer on a regular basis but would be willing to serve occasionally, please explain how you would be willing to help, e.g., making costumes for plays, donating of door prize item or service, etc.

Name, Address, & Phone Number of Person to Contact in Case of Emergency:

Date: ___________________________ Signature of Volunteer: _____________________________

Volunteer Coordinator Use Only:

Attended & Completed Orientation: YES NO Comments: ________________________________