



School District of Janesville
Community Involvement Program Volunteer Application

Please print clearly & be sure to fill out form completely

Date: _____

DOB _____

(mm/dd/yyyy)

Only fill out this form if you have been assigned to a Classroom, Field Trip, PTA Event or as a PTA Member.

Name: _____
(LEGAL FIRST) (M.I) (ALL KNOWN LAST NAMES)

Home Address: _____
(STREET) (CITY) (ZIP)

Telephone #: _____ E-mail _____

Child's name(s) and grade _____

Day/s Available... M, T, W, TH, F Time of Day Available _____ Current Employee w/ SDJ? Yes / No

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

& I do not have any other information to provide

Field Trip you are assigned to: _____

PTA Member? Yes / No _____

School to forward application to: _____

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. Rows 1, 2, 3.

School forwarding this Application _____

TO BE COMPLETED BY DISTRICT OFFICE

Approved By: _____ Date: _____

Not Approved: _____ Date: _____