

BROWNSBORO ISD VOLUNTEER APPLICATION



Name: _____ Phone number: _____

Email address: _____

Address: _____

Child's Name: _____ Teacher's Name: _____

Child's Name: _____ Teacher's Name: _____

Child's Name: _____ Teacher's Name: _____

Child's Name: _____ Teacher's Name: _____

Campus where you are willing to volunteer:

Brownsboro Elementary Brownsboro Intermediate Chandler Elementary

Chandler Intermediate Jr. High High School Horizon/Compass

Please indicate the days/hours you can serve:

Monday Tuesday Wednesday Thursday Friday AM PM

Type of volunteer service:

Room Parent Listen to students read Read aloud to students Field Day Playground

Lunchroom Library Clerical/Officer Helper Mentor Classroom Helper

Special Event/Name of Event: _____

Other: _____

Please complete the volunteer form and the criminal history forms and return to the campus or to Human Resources at the Administration Building. Once approved you will be notified and can start volunteering, your campus will also be notified.