



**Cleburne Independent School District  
Volunteers in Public Schools  
Participation Information Form**

Name: \_\_\_\_\_ Campus/Campuses \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Experience with Children: \_\_\_\_\_

Years in Cleburne VIPs: \_\_\_\_\_ I speak a second language. (Specify) \_\_\_\_\_

I would like to volunteer:

I am available:

Library \_\_\_\_\_ Lunch room \_\_\_\_\_

Mon. \_\_\_\_ Tues. \_\_\_\_ Wed. \_\_\_\_ Thurs. \_\_\_\_ Fri. \_\_\_\_

Reading Buddy \_\_\_\_\_ Mentor \_\_\_\_\_

AM \_\_\_\_\_ PM \_\_\_\_\_

Copy Materials \_\_\_\_\_

1 hour \_\_\_\_\_ 2 hours \_\_\_\_\_ 3 hours \_\_\_\_\_

Tutor: Math \_\_\_\_\_ Reading \_\_\_\_\_ Other \_\_\_\_\_

I, \_\_\_\_\_, acknowledge receipt/have made myself familiar with the Cleburne ISD Volunteers in Public Schools Handbook. I understand the rules and guidelines of the VIPs program and will abide by these standards. I understand the expectations relating to my role as a school volunteer.

\_\_\_\_\_  
Signature of Volunteer

\_\_\_\_\_  
Date

Please return to: Debbie Reynolds, CISD Coordinator of Community Relations

505 N. Ridgeway, Ste. 100 Cleburne, TX 76033 817-202-1183 dreynolds@c-isd.com