



# School District of Janesville Community Volunteer Program Application

**Please Print Clearly & Be Sure To Fill Out Form Completely**

Name: \_\_\_\_\_  
(LEGAL FIRST AND LAST NAMES) (ANY OTHER FIRST OR LAST NAMES) DOB (mm/dd/yyyy)

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

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

Child's name(s) and grade \_\_\_\_\_

Current Employee w/SDJ? **Yes / No** PTA/PTO Member? **Yes / No**

Classroom to volunteer in / Teacher you are assigned to: \_\_\_\_\_

Field Trip you are assigned to: \_\_\_\_\_

**Emergency Contact Information**  
Name: \_\_\_\_\_  
Phone: \_\_\_\_\_

School to forward application to:  
\_\_\_\_\_

**My signature below authorizes the School District of Janesville to conduct a criminal background investigation**

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

**TO BE COMPLETED BY DISTRICT OFFICE**

**Approved:** \_\_\_\_\_ Date: \_\_\_\_\_

**Denied:** \_\_\_\_\_ Date: \_\_\_\_\_

