



Tempe School District No. 3
3205 S Rural Road
Tempe, AZ 85282
(480) 730-7108

PARENT VOLUNTEER
APPLICATION

Date: _____

Name of Child: _____

Name of School: _____

Name of Teacher (if known): _____

Name: _____
Last First Middle Initial

Address: _____
Number Street City State Zip

Home Phone #: _____ Cell Phone #: _____

Email: _____

Person to notify in case of emergency:

Name: _____ Phone # _____

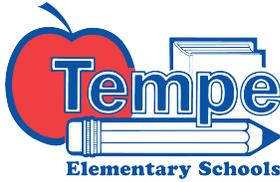
Languages other than English *in which you are proficient* _____

Do you have a preferred school/grade level in which you would like to volunteer?

Hours of Availability

	Monday	Tuesday	Wednesday	Thursday	Friday
Mornings					
Afternoons					

How often do you wish to volunteer? _____



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VOLUNTEER **STATEMENT OF UNDERSTANDING**

Volunteer Name: _____
Last Name First Name Middle Initial

As a Tempe School District No. 3 volunteer, I will:

Have a commitment to involvement

- **Have consistent attendance and punctuality**
- **Contact school/location prior to unavoidable absence**
- **Treat others with respect**
- **Have a positive demeanor.**

Follow school policies

- **Dress appropriately**
- **Check in at the office and wear name tag**
- **Follow all rules and supervisor's instructions**

Promote communication

- **Support other volunteers and staff through constructive feedback**
- **Develop positive relationships with staff, students and other volunteers**

Keep confidentiality

- **Adhere to the district's confidentiality policy**

As a parent volunteer for the Tempe Elementary School District No. 3, I understand fingerprinting may also be required.

I certify the information provided on this entire application is true and complete.

Signature: _____ Date: _____

