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VOLUNTEER OPPORTUNITIES:

(Indicate which service/s you would like to provide.)

- | | | |
|---|--|--|
| <input type="checkbox"/> After school program | <input type="checkbox"/> Bilingual tutor | <input type="checkbox"/> Classroom assistant |
| <input type="checkbox"/> Field trip chaperone | <input type="checkbox"/> Arts/craft | <input type="checkbox"/> Chess |
| <input type="checkbox"/> Drama | <input type="checkbox"/> Music | <input type="checkbox"/> Photography |
| <input type="checkbox"/> Science | <input type="checkbox"/> Sports | <input type="checkbox"/> Oasis tutor |
| <input type="checkbox"/> Gym/playground assistant | <input type="checkbox"/> Lunchroom assistant | <input type="checkbox"/> Mentor |
| <input type="checkbox"/> Library assistant | <input type="checkbox"/> Summer school assistant | |

Other *(please list)* _____

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Check (✓) the days of the week and time you expect to be available:

MON_____ TUES_____ WED_____ THURS_____ FRI_____

Times of the day you can be available: A.M._____ P.M._____

Indicate grade level preference: _____ Kdg.-5 _____ 6-8 _____ 9-12

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VOLUNTEER APPLICATION CHECKLIST

Please make sure that your application is filled out completely:

- | | |
|--|--|
| <input type="checkbox"/> Signature and date on application | <input type="checkbox"/> Person to notify in case of emergency |
| <input type="checkbox"/> Program (organization or agency you are representing) | <input type="checkbox"/> School where you want to volunteer |
| <input type="checkbox"/> Date of birth | <input type="checkbox"/> Times and days that you can volunteer |
| <input type="checkbox"/> Grade level you prefer | |
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RETURN APPLICATION TO:
*St. Louis Public Schools
Office of Institutional Advancement
ATTN: Volunteer Services
801 North 11th Street
St. Louis, MO 63101-1015*