



SCHOOL DISTRICT OF JANESVILLE
INSPIRE • EMPOWER • ACHIEVE

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 #:

Email:

Childs Name(s) and Grade:

Classroom to volunteer in Teacher you are assigned to:

Field Trip you are assigned to:

Current Employee of SDJ? Yes / No

PTA /PTO? Yes / No

Emergency Contact Information

School to Forward Application To:

Name: _____

Phone: _____

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

Signature: _____

Date: _____

District Office Use Only

Approved

Date ___/___/___

Denied

Date ___/___/___

