



Please check all that apply.

- PARENT VOLUNTEER
- COMMUNITY VOLUNTEER
- STUDENT VOLUNTEER

<b>FOR OFFICE USE ONLY</b>	
Rcvd: _____	Orientation: _____
School(s): _____	

NAME: \_\_\_\_\_ M/F \_\_\_\_\_ DATE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ ZIP \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ HOME PHONE (\_\_\_\_) \_\_\_\_\_ CELL PHONE (\_\_\_\_) \_\_\_\_\_

BUSINESS PHONE: (\_\_\_\_) \_\_\_\_\_ E-MAIL ADDRESS: \_\_\_\_\_

PREVIOUS WORK WITH CHILDREN/YOUTH: \_\_\_\_\_

\_\_\_\_\_

PREVIOUS VOLUNTEER EXPERIENCE: \_\_\_\_\_

\_\_\_\_\_

SCHOOL AND COMMUNITY ACTIVITIES: \_\_\_\_\_

\_\_\_\_\_

LANGUAGES SPOKEN: \_\_\_\_\_

HOBBIES, INTERESTS, SKILLS: \_\_\_\_\_

\_\_\_\_\_

REASON FOR VOLUNTEERING: \_\_\_\_\_

\_\_\_\_\_

DO YOU HAVE ANY HEALTH ISSUES THAT WE SHOULD BE AWARE OF? \_\_\_\_\_

\_\_\_\_\_

LOCAL CONTACT IN EMERGENCY: \_\_\_\_\_ DAY PHONE (\_\_\_\_) \_\_\_\_\_

## AVAILABLE

*(Please fill in specific times you are available to volunteer)*

	Monday	Tuesday	Wednesday	Thursday	Friday
Mornings					
Afternoons					

**INTERESTS:**

- |                                       |                                      |   |
|---------------------------------------|--------------------------------------|---|
| <input type="checkbox"/> One-on-one   | <input type="checkbox"/> Lunch Buddy | <input type="checkbox"/> Library                    |
| <input type="checkbox"/> Field Trips  | <input type="checkbox"/> Mentoring   | <input type="checkbox"/> Student Learning English   |
| <input type="checkbox"/> Classroom    | <input type="checkbox"/> Tutoring    | <input type="checkbox"/> Students with Disabilities |
| <input type="checkbox"/> Office Help  | Subject(s): _____                    | <input type="checkbox"/> After School Activities    |
| <input type="checkbox"/> Technology   |                                      |   |
| <input type="checkbox"/> Other: _____ |                                      |   |

**GRADE LEVEL:**

(please circle)

Elementary School  
PRE K 1 2 3 4 5 6

Middle School  
7 8

**LOCATION:** Which schools are you interested in volunteering? \_\_\_\_\_

How did you learn about our volunteer opportunities?

- Edmonds Schools
- Presentation
- Brochure
- Website
- Friend: \_\_\_\_\_
- Other: \_\_\_\_\_

All information in this application is accurate to the best of my knowledge. I have signed the attached Disclosure form.  
**I understand that all volunteering relationships established through the Edmonds School District take place with student(s) on the school campus during school hours or at other school authorized activities ONLY.**

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

***Parent Signature Required If Volunteer is Under the Age of 18:***

Parent: \_\_\_\_\_ Date: \_\_\_\_\_

Please return to: Your school of choice for volunteering or the Edmonds School District, 20420 - 68<sup>th</sup> Avenue W., Lynnwood, WA 98036.