VOLUNTEER APPLICATION CHAMPAIGN SCHOOL DISTRICT UNIT #4

PLEASE PRINT LEGIBLY using black ink. Use back of form as needed.

Garden Hills Homework Club

Last				DOB:	
Your L	ast Name	Your First Name	Middle In	itial Date of Birth	
Street Address		City	State	_Zip Code	
Mailing Address if diffe	rent:				
Day Phone #	Email address	Occupation Employer			
Previous experience wo	king with children in Unit	4:			
When did you last volun	teer with Unit 4? Provide 1	month/year, staff's name and sc	hool:		
How do you want to assi	st/volunteer?				
Tutor an individu	al student or small group	Assist as	Assist as a general classroom aide		
Do clerical work	(Xeroxing, etc.)	Help mon	Help monitor lunchroom or recess		
Mentor a student	(1 hr per week during school	hours only)Other (ple	ease list)		
Please indicate times an	d days you are available to v	volunteer:			
Monday	Tuesday	Wednesday	Thursday	Friday	
Character References:	Please list two non-family me	mbers who would be supportive of	of your workin	g with children.	
Name		Name			
Address Email		Email			
Day Phone		Day Phone			
Volunteer Release Star Have you been convicted with offense against a person or for controlled substance?	tement thin the past ten years of any fel amily; of public indecency; or of Yes No If yes, please es	-	rally Fo	r school use only	
I hereby state that if accepted as a school district volunteer, I agree to abide by the rules and regulations of Champaign Unit #4. I understand that I may be subject to a criminal background check.			heck. Bkgrd=	Mellon	
To the best of my knowledge	e and belief, all statements in thi	s application are true and accurate.	CLEA	RED	
			Orienta	tion	
Si	gnature	Date	Signed	Guidelines yes	
THIS INFORMATION WILL BE KEPT CONFIDENTIAL				e Nov07	

***You also need to complete a Criminal Background Clearance form and attend orientation before you volunteer.