

Volunteer Application for Urbana Schools

NAME	PHONE (H)	(W)
ADDRESS	E-MAIL ADDRESS	
Student's Name (if applicable):	Teacher/Team:	
School:	Occupation	
Special Interests/Skills/Hobbies:		
Previous experience working with c	hildren:	
I would like to assist in a classroom Tutor an individual student or sma Assist in the classroom as a genera Do clerical work during the school Special Activity helper -School Other (<i>please list</i>)	all group in al classroom aide	(list preferred subject)
How often can you volunteer? Please in morning) Once a week	ndicate the amount of time you'd like	
Hours available to volunteer. (during t		
Have you participated in an U	rbana Schools Volunteer Orientation	? If yes, Date ?
Volunteer Release Statement Have you been convicted within the pa against a person or family: of public in		

against a person or family; of public indecency; or of a violation involving a state or federally controlled substance? ______ If yes, please explain:

I hereby state that if accepted as a school district volunteer, I agree to abide by the rules and regulations of Urbana District #116. I will complete a fingerprint based criminal background check. To the best of my knowledge and belief, all statements in this application are true and accurate.

Signature:	Date:
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