



Please check all that apply.

- PARENT VOLUNTEER
- COMMUNITY VOLUNTEER
- STUDENT VOLUNTEER

FOR OFFICE USE ONLY	
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"/> Field Trips
<input type="checkbox"/> Classroom
<input type="checkbox"/> Office Help
<input type="checkbox"/> Technology
<input type="checkbox"/> Flower Shop
<input type="checkbox"/> Athletics
<input type="checkbox"/> Music
<input type="checkbox"/> Other: _____ | <input type="checkbox"/> Senior Projects
<input type="checkbox"/> Mentoring
<input type="checkbox"/> Tutoring
Subject(s): _____ | <input type="checkbox"/> Library
<input type="checkbox"/> Student Learning English
<input type="checkbox"/> Students with Disabilities
<input type="checkbox"/> After School Activities |
|---|--|--|

GRADE LEVEL:

High School
 (please circle) 9 10 11 12

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 - 68th Avenue W., Lynnwood, WA 98036.