



# VOLUNTEER INFORMATION

LIST THE SCHOOL(S) YOU PREFER TO VOLUNTEER AT \_\_\_\_\_

WHAT TYPE OF VOLUNTEER WORK DO YOU PREFER? \_\_\_\_\_

WHAT GRADE LEVEL WOULD YOU PREFER? \_\_\_\_\_

DO YOU HAVE A MEDICAL CONDITION WE SHOULD KNOW ABOUT IN CASE OF EMERGENCY?

YES: \_\_\_\_\_ NO: \_\_\_\_\_ IF YES, EXPLAIN \_\_\_\_\_

WHO SHOULD WE CONTACT IN CASE OF EMERGENCY?

NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

YOUR PHYSICIAN: \_\_\_\_\_ PHONE: \_\_\_\_\_

DO YOUR CHILDREN ATTEND SCHOOL IN THE BETHEL DISTRICT? (Name, Grade, School )

HAVE YOU EVER VOLUNTEERED AT A SCHOOL BEFORE? YES: \_\_\_\_\_ NO: \_\_\_\_\_ IF YES, WHERE/WHEN

**\*\* IF YOU ANSWERED YES TO ANY QUESTIONS FROM SIDE 1, PLEASE GIVE A DETAILED EXPLANATION. USE ADDITIONAL PAPER IF NECESSARY. (This is required if you hope to be approved)**

*For office use only:*

APPROVED: \_\_\_\_\_ DENIED: \_\_\_\_\_ DATE: \_\_\_\_\_

ASSISTANT SUPERINTENDENT: \_\_\_\_\_