

POLICY: IICC-E  
Approved: March 23, 1998  
Revised: December, 2001  
Revised: October 26, 2009

**School District of Hartford Jt. #1  
675 E. Rossman Street  
Hartford, Wisconsin 53027**

**SCHOOL VOLUNTEER APPLICATION**

**DIRECTIONS:** Please complete this School Volunteer Application as completely as possible. If you are not employed at present, omit the portion related to employment

Please return this form to the principal at the school you are requesting to volunteer.

**IDENTIFYING DATA:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip

Telephone (home): \_\_\_\_\_ Employer: \_\_\_\_\_

Employer Address: \_\_\_\_\_ Employer Phone: \_\_\_\_\_

Occupation: \_\_\_\_\_

Special Interests as They Pertain to Education/Volunteering: \_\_\_\_\_

Languages Spoken other than English: \_\_\_\_\_

Age/Grade Level Preferred: \_\_\_\_\_

Subject/Activity Preferred: \_\_\_\_\_

When Available: \_\_\_\_\_

List 3 References: Name, Address, Phone, Relationship to Applicant, # of Years Known:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**VOLUNTEER STATEMENT:** I am applying to be a school volunteer. I authorize the District to conduct background check and to contact references.

Volunteer signature: \_\_\_\_\_ Date: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**STATUS OF APPLICATION:**

Approved

Not Approved

\_\_\_\_\_  
Principal's signature Date

\_\_\_\_\_  
District Administrator's signature Date