



# Volunteer Application Form

## CEDAR ISLAND ELEMENTARY SCHOOL

Year 2009-2010

### CONTACT INFORMATION

Last Name \_\_\_\_\_ First \_\_\_\_\_ MI \_\_\_\_\_

Address \_\_\_\_\_ City/Zip \_\_\_\_\_

Email address \_\_\_\_\_

Contact me at (\_\_\_\_) \_\_\_\_\_  home  work  cell

Another number I can be reached at is (\_\_\_\_) \_\_\_\_\_  home  work  cell

Preferred Choice of Contact  email  home  work  cell

Medical emergency contact \_\_\_\_\_  
(Name) (Phone Number) (Relationship)

### SCHEDULING INFORMATION

Please list pre school/school-age children in Osseo ISD 279:

<u>Name</u>	<u>Grade</u>	<u>Teacher/School</u>
_____	_____	_____
_____	_____	_____

Indicate your availability	Day(s)	Monday	Tuesday	Wednesday	Thursday	Friday	<input type="checkbox"/> At Home Projects
	Time(s) a.m./p.m.						

### ADDITIONAL INFORMATION

Why are you interested in volunteering at this school? \_\_\_\_\_  
\_\_\_\_\_

Do you volunteer at other District 279 schools? \_\_\_\_ If yes, where? \_\_\_\_\_

Many companies are willing to share or donate resources to schools. May we contact you if you work for such a company?  Yes  No Company Name \_\_\_\_\_

**YES**, you have my consent to share this contact information with our parent group (PTO/Advisory Committee).

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date