



Volunteer Application Form

NORTH VIEW JUNIOR HIGH

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