

Woodlands Elementary School - Central Kitsap School District
VOLUNTEER APPLICATION

A copy of your Washington State Driver's License or Military I.D. and Volunteer Applicant Disclosure Form must be submitted before you can be approved to work with students. Your form will not be processed until required I. D. is submitted.

Name: _____ Telephone: (Day) _____ (Evening) _____
Address: _____
Emergency Contact: _____ Telephone: _____
Relationship to you: _____

Child's Name: _____ Teacher: _____

I would like to volunteer:

- Home Classroom Library Enrichment
 Special Education Field Trip Tutoring
 Special Events (Young Authors, Science Fair, Destination Imagination, etc.)
 Art Docent Other: _____

Do you have special training or educational background? Yes No
If yes, please describe: _____

I would like to tutor in: Reading Math

Are you bilingual? Yes No
If yes, what languages do you speak? _____

I am available to work (days & times): _____

Preferred grade level(s): _____

I release and waive Central Kitsap School District, my former employers and all references from any and all liability in obtaining or disclosing volunteer related information. I understand copies of my signature will be honored and that this signed release shall not have an expiration date. If any part of the application is altered, the application will not be accepted.

Signature of Applicant

Date