

Wilson County Schools Volunteer Application

Name: _____ Date: _____
Last First

Address: _____
Street City, State & Zip Code

Home Phone: _____ Daytime Phone: _____ Cell #: _____

E-mail Address: _____

Employer & Title (*if applicable*): _____

Please check appropriate box: Parent Community Volunteer Retired Teacher? Yes No
 Student: Major _____ Expected Graduation Date _____

If any, name(s) child(ren) attending Wilson County Schools: (Name/Grade/School)

Previous Volunteer Experience: _____

Type of Volunteer Work Preferred: (mark all that apply)

- Assist in Classroom Clerical Work Work in Library Assist with Computer Instruction
 Work with Individual Child Work with Small Groups of Children
 Assist in academic areas: Math: _____ Science: _____
 Reading English as a Second Language (ESL) Language: _____
 Other: _____
 Speak to a class on my specialty, which is: _____
 Demonstrate my talent to a class, which is: _____
 Other: _____

Preferred School Placement & Grade Level: _____

Times Available: Please indicate time you can spend in school. Example: 9 AM - 11:00 AM

Regular: _____
Morning Afternoon Morning Afternoon
Monday Thursday
Tuesday Friday
Wednesday

On-Call (Temporary help to be arranged when needed)

I understand that in submitting this application, my background may be screened to ensure that I meet the criteria to work with students and do not have a criminal record.

Signature: _____

Please list additional comments
& instructions on other side!