



School Volunteer Program

Application for Release Time

Name: _____ Work Phone: _____
 Department/Work Location: _____
 Position: _____
 Supervisor: _____
 School Preference: _____

If you have a child at this school and wish to volunteer in his/her class, please state your child's name, grade and the teacher's name:
 Child: _____ Grade: _____
 Teacher _____
 I have arranged my placement with the school.

Preferred Grade Level: Head Start-2 3-5 6-8 9-12
 No preference; just assign me where I'm needed.
 The best day and time for me to serve is:
 1st choice -- Days: _____ Time: _____
 2nd choice -- Days: _____ Time: _____

Please indicate the type of volunteer work you would like to do.
 General Classroom Assistant
 Helping student in: Reading Language arts Math
 Science Computer Social Studies
 Art Music Physical Education
 Other (specify): _____

Please send this form via Truck Mail to The School Volunteer Program at the Horizon Center
 Supervisor's Signature: _____ Date: _____
 Approval granted for period of time from: _____ to: _____ (dates).

If you need additional information or clarification
 call the School Volunteer Office at 955-7250, ext. 252