



Office Use Only C-40
Referred to:
Date:

VOLUNTEER APPLICATION

Volunteers are an important resource to the educational process in the Cedar Rapids School District. If you are interested in serving as an instructional school volunteer or community resource speaker, please complete the information below to help us make the best use of your time and talent.

Name _____ Telephone Number (home) _____

Address _____

Employer _____ Telephone Number (business) _____

Address _____

Occupation _____

E-mail Address _____

Retired: Yes No (If yes, list former occupation) _____

Schools where children attend: (if any)

SKILLS AND INTERESTS

I am interested in volunteering at one or more of these levels:

District Elementary Middle School High School Any

I am interested in volunteering in one or more of these areas:

- | | |
|--|---|
| <input type="checkbox"/> after school programs/activities | <u>Districtwide Programs – training offered</u> |
| <input type="checkbox"/> career, enrichment days | <input type="checkbox"/> Baby Think It Over |
| <input type="checkbox"/> classroom presentation, demonstration | <input type="checkbox"/> Kids Count |
| <input type="checkbox"/> clerical | <input type="checkbox"/> Rockin' Reader / Mighty Mentor |
| <input type="checkbox"/> field trip chaperone | <input type="checkbox"/> SPEAK UP! |
| <input type="checkbox"/> in-class assistance | |
| <input type="checkbox"/> small group skill development | |
| <input type="checkbox"/> one on one skill development | |
| <input type="checkbox"/> Instructional Media Center | |

computer At Home material preparation other:
(over)

Please indicate which of the following skills/knowledge you could share, **then specify for each one checked**:

- Career, occupation:
- Hobbies, collections:
- Foreign language(s) spoken:
- Places you have traveled:
- Ethnic cultures:
- Computer expertise
- Musical instrument(s) played:
- Association with community group(s)/organization(s):
- Additional skills/talents/interests not mentioned elsewhere:

AVAILABILITY

I am available to volunteer: once a week twice a month
 occasionally other (specify)

The best time for me is: morning afternoon other:

VOLUNTEER EXPERIENCE

List other volunteer experience(s): (name of organization, type of activity)

REFERENCES

How did you hear about us?

Friend/other volunteer *VolunteerAlert (Gazette)* Other (Please specify):

PLEASE LIST THE NAME AND TELEPHONE NUMBER OF TWO PERSONAL REFERENCES:

Name _____ Phone _____ E-mail _____

Name _____ Phone _____ E-mail _____

Please return completed form to: Community Relations Office
Cedar Rapids Community Schools
907 15th St SW
Cedar Rapids, IA 52404

For additional information, contact us at 319-558-2124, or e-mail volunteer@cr.k12.ia.us