

Garland Independent School District  
**VOLUNTEER PROGRAM APPLICATION FORM**  
 (Please print or type)

**PERSONAL DATA**

Name \_\_\_\_\_  
Last First Middle

Home Address \_\_\_\_\_  
Street City Zip

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_ E-mail Address \_\_\_\_\_

Your Child's Name \_\_\_\_\_ Grade \_\_\_\_\_ Teacher's Name \_\_\_\_\_

**REFERENCES**

Name	Position / Relationship	Address	Phone Number

Experience working with children \_\_\_\_\_  
 \_\_\_\_\_

Years of Volunteer Service to GISD (including this year) \_\_\_\_\_

**TYPE OF VOLUNTEER SERVICE PREFERRED:**

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Listen to students read              | <input type="checkbox"/> Office Aide             | <input type="checkbox"/> Field Day Chaperone        |
| <input type="checkbox"/> Read aloud to students               | <input type="checkbox"/> Classroom Aide          | <input type="checkbox"/> Camp/Out of Town Chaperone |
| <input type="checkbox"/> Tutor (subject) _____                | <input type="checkbox"/> Mentor                  | <input type="checkbox"/> Other _____                |
| <input type="checkbox"/> Computer Skills _____                | <input type="checkbox"/> Booster Club Activities | _____   |
| <input type="checkbox"/> Assist with displays/bulletin boards | <input type="checkbox"/> Room Parent             |   |
| <input type="checkbox"/> Assist with art activities           | <input type="checkbox"/> Assist Room Parent      |   |

**Interests/Hobbies**

\_\_\_\_\_  
 \_\_\_\_\_

Please indicate the days and hours you can serve \_\_\_\_\_

**PERSON(S) TO CONTACT IN CASE OF AN EMERGENCY:**

Name \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

In consideration of my volunteer work, I agree to conform to the policies and rules of the Garland Independent School District. I have read the volunteer handbook and agree to uphold these principles in my volunteer work.

\_\_\_\_\_  
**VOLUNTEER SIGNATURE** **CAMPUS** **DATE**

**PLEASE RETURN THIS FORM TO THE SCHOOL OFFICE, THIS FORM BELONGS ON THE SCHOOL CAMPUS**