

FABIUS-POMPEY SCHOOL DISTRICT
VOLUNTEER PROGRAM - APPLICATION FORM

Name _____ Phone _____

E-mail Address _____

Mailing Address _____

Names of your children _____

Times of day and day of the week that you are available to volunteer _____

Please check your preference for volunteering:

_____ Working in my child's classroom _____ Enrichment

_____ Chaperoning my child's field trips _____ Reading Center

_____ Helping in the library _____ Math Center

_____ Reading to a class _____ Presentations

_____ I am unable to come into school, but would be willing to do things at home.

Work Experience: _____

Volunteer Experience: _____

Special Skills and/or Interests: _____

Personal Reference: (Name & Phone Number) _____
