

VOLUNTEER APPLICATION FORM
GAYLORD A. NELSON EDUCATIONAL CENTER

Name _____ DATE _____
Last First

Address _____
Street City State Zip

Contact Phone # _____ home / cell / work

Skills or Hobbies _____

Activities you would enjoy working with children: _____

Travel experiences you would share (U.S. or World) _____

Languages you speak _____

Special training or experiences you have had _____

VOLUNTEER INTERESTS

Classrooms:

- Any Classroom
- Pre-Kindergarten
- Kindergarten
- Grade 1
- Grade 2
- Grade 3
- Grade 4
- Grade 5
- Grade 6
- Special Ed.

Subject Preferences:

- Art
- Computers
- English Tutoring
- Health
- Physical Ed.
- Reading Tutoring
- Science
- Social Studies
- Library

Other:

- Listening to Children Read

- Helping with Scholastic Book Fair
- Chaperoning
- Bus Ride Along
- Clerical/Office Help
- Hearing Screening
- Kindergarten Screening
- Lunchroom Supervision
- Recess Supervision
- After School Study Hall Supervision
- Community Ed. Events
- Community Ed. Council
- Other _____

I could occasionally help.

I could give a onetime presentation on: _____

I could work at home on projects: _____

I could help regularly on:

- | | | | | |
|--------------------------------------|-----------------------------------|----------------------------------|-----------------------------------|----------------------------------|
| <input type="checkbox"/> Mon. AM | <input type="checkbox"/> Tues. AM | <input type="checkbox"/> Wed. AM | <input type="checkbox"/> Thur. AM | <input type="checkbox"/> Fri. AM |
| <input type="checkbox"/> Mon. PM | <input type="checkbox"/> Tues. PM | <input type="checkbox"/> Wed. PM | <input type="checkbox"/> Thur. PM | <input type="checkbox"/> Fri. PM |
| <input type="checkbox"/> Other _____ | | | | |

Please return to: Chris Petersen, Elementary Principal
Gaylord A. Nelson Ed. Center
135 8th Ave
Clear Lake, WI 54005

**School District of Clear Lake
Gaylord A. Nelson Educational Center
Volunteer Agreement
2016-2017**

Name _____

As a volunteer working with the School District of Clear Lake, I agree to participate in school-sponsored activities that benefit our students, schools and the community.

I understand that Gaylord A. Nelson Educational Center is considered a protective environment for children, and as such, information regarding specific students is strictly confidential.

I understand that my role as a Volunteer is to provide additional support to the student of the District and not to replace the adult support they already have.

I understand that I am not to discipline students, investigate issues between students, administer medications or clean up bodily fluids.

I further agree to abide by all Gaylord A. Nelson Educational Center guidelines and understand that violation of these rules or guidelines may result in the termination of my participation in the Elementary School's volunteer program.

Volunteer Signature _____

Address _____

Phone# _____ **Date** _____