



VOLUNTEER APPLICATION

Please return to: Waterloo Schools
 Attn: School and Community Relations
 1516 Washington Street
 Waterloo, IA 50702
 Phone: 319-433-1803 Fax: 319-433-1889

Name: First			Middle		Last		Date of Birth	Age
Address								
City				State		Zip		Sex
Home Phone				Cell Phone				
E-Mail Address								
Place of Employment					Job Title			
Work Phone					What languages do you speak?			
Can you be contacted at work? <input type="checkbox"/> YES <input type="checkbox"/> NO					Do you have transportation? <input type="checkbox"/> YES <input type="checkbox"/> NO			
Check all interested in:								
<input type="checkbox"/> Junior Achievement (classroom volunteer)			<input type="checkbox"/> Reading Buddy					
<input type="checkbox"/> The Job Foundation (mentoring tutor)			<input type="checkbox"/> Volunteer (other assignments)					
What category best describes you? (check one)								
<input type="checkbox"/> College Student (list college)			<input type="checkbox"/> Community Member			<input type="checkbox"/> Retired		
Have you ever been arrested, charged, charges pending or convicted of a crime? Please describe and note the date.								
Have you ever been convicted of a sex offense against a minor? <input type="checkbox"/> YES <input type="checkbox"/> NO								
<i>NOTE: "registered offenders whose conviction involved a sex offense against a minor are prohibited from volunteering in Iowa schools."</i>								
Do you have any physical, mental or emotional limitations that could affect your services as a volunteer? Please describe.								
Emergency contact name			Emergency contact phone number			Emergency contact relationship		
School(s) of Choice (check district website for school locations)			If no school preference, check one.					
1 st _____ 2 nd _____			<input type="checkbox"/> Elementary (Pre-K-5)		<input type="checkbox"/> Middle (6-8)		<input type="checkbox"/> High School (9-12)	
Week days and times available (during or afterschool)								

I certify that the above information is correct and I authorize the use of my name and image in promotional materials.

Signature

Date

*** Parents, legal guardians, or other volunteers who volunteer to drive students to a school activity are required to complete the district Activity Driver Certification Form (see Form 900.7-E2).**

FOR DISTRICT USE ONLY:

Date Received: _____

• Iowa Sex Offender Registry checked: _____ Date Completed: _____

• This volunteer was placed with _____ (Teacher Name).

Signature

Date