## <u>Form 1a</u>

## WESD Volunteer Application for \_\_\_\_\_

## (Name of WESD School)

Dear Volunteer Applicant: Thank you for your interest in volunteering at our district. We appreciate your time to complete this application. You can find this application on the district website under Volunteer Opportunities link. You are welcome to submit it electronically. Alternatively, you can use this hard copy to submit the completed application to the office manager of the site you wish to volunteer at. Date:

Home Phone       Cell Phone       Email Address         1. Are you bilingual or multilingual? YesNo			Last Name		
1. Are you bilingual or multilingual? YesNo			City	State	Zip Code
If yes, please specify the language and the proficiency level in the area of expertise.         Language       Read       Write       Speak			Cell Phone	Email Address	
If yes, please list student(s) name, grade level and homeroom teacher:         Student's First Name       Last Name       Grade Level       Homeroom Te         Student's First Name       Last Name       Grade Level       Homeroom Te         Student's First Name       Last Name       Grade Level       Homeroom Te         Student's First Name       Last Name       Grade Level       Homeroom Te         Student's First Name       Last Name       Grade Level       Homeroom Te         Student's First Name       Last Name       Grade Level       Homeroom Te         Not Applicable (no children enrolled in this school) I am a high school student volu       Parent	If yes, plea	ase specify the language a	nd the proficiency level in t	• •	tise. - -
Student's First Name       Last Name       Grade Level       Homeroom Te         3. What is your relationship with the student(s)?       Not Applicable (no children enrolled in this school) I am a high school student volu         • Parent          • Legal Guardian (Court Appointed and Documented in Synergy)         • Stepparent         • Foster Parent (Legal Custodian)         • Other Relative Please specify:         4. Please check your preferences for where you would like to volunteer.	•	8			
<ul> <li>3. What is your relationship with the student(s)?</li> <li>Not Applicable (no children enrolled in this school) I am a high school student volu</li> <li>Parent</li> <li>Legal Guardian (Court Appointed and Documented in Synergy)</li> <li>Stepparent</li> <li>Foster Parent (Legal Custodian)</li> <li>Other Relative Please specify:</li> <li>4. Please check your preferences for where you would like to volunteer.</li> </ul>	Student's First	Name Last Name	Grade Level	Но	omeroom Teacher
<ul> <li>My child's classroom Please specify:</li> <li>Library Front Office Cafeteria</li> <li>Daytime Field Trip Chaperone Overnight Field Trip Chaperone</li> <li>Other Please specify:</li> </ul>	<ul> <li>3. What is y <ul> <li>Not A</li> <li>Parent</li> <li>Legal</li> <li>Steppa</li> <li>Foster</li> <li>Other</li> </ul> </li> <li>4. Please cho <ul> <li>My ch</li> <li>Librar</li> <li>Daytin</li> </ul> </li> </ul>	our relationship with the pplicable (no children enro- Guardian (Court Appointe arent Parent (Legal Custodian) Relative Please spe eck your preferences for ild's classroom Ple y Front Office ne Field Trip Chaperone _	student(s)?         olled in this school) I and this school) I and this school) I and this school and the syme         od and Documented in Syme            cify:         where you would like to vante         ase specify:            Cafeteria            Overnight Field Tr	m a high school ergy) <b>rolunteer.</b>	