

Location: \_\_\_\_\_  
 Schedule: \_\_\_\_\_  
 1<sup>st</sup> Day: \_\_\_\_\_



## Returning Volunteer Information 2017-2018

Date: \_\_\_/\_\_\_/\_\_\_ Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
 Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
**Grade Preference:**  PreK  K-3 **Subject Preference:**  Literacy  Math  Other  
 Other: \_\_\_\_\_ *Please be aware that we place in higher grades **only** for specific circumstances.*

### Optional Information

<b>Gender:</b>  <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> _____	<b>Ethnicity</b>  <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino	<b>Race</b> <input type="checkbox"/> American Indian/ Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White	<b>Languages Spoken Fluently</b> <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> _____ <input type="checkbox"/> _____
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### Please indicate the times you are available (excluding travel time)

How many hours per day would you like to volunteer? 1hr 2hr 3hr 4hr  
 How many days per week would you like to volunteer? 1day 2days 3days 4days

Monday	Tuesday	Wednesday	Thursday	Friday

Prior School Placement: \_\_\_\_\_ Teacher: \_\_\_\_\_

Would you like to return to the same school?  Yes  No

Would you like to work with the same teacher?  Yes  No

Although we will make every attempt, it may not always be possible to place each returning volunteer to the same school, teacher, or student. All efforts will be made to fulfill this request.

I give permission for my name, photo, video and written/oral language or statements about the Inspiring Minds program to be used by Inspiring Minds in publications, press releases, etc.

**I certify that the facts contained in this application, or any other document used for selection purposes as well as any other verbal or written statements made by me during the selection process, are true and complete to the best of my knowledge.**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Contacts	For Official Use Only		
Date: _____	Teacher _____	BCI ___/___/___	Sig _____
Date: _____	Program _____	Ref s ___/___/___	Sig _____
Date: _____	Database ___/___/___	NSOWP ___/___/___	Sig _____
Date: _____	Spreadsheet ___/___/___	Training ___/___/___	Sig _____