

**Central Kitsap School District**  
**VOLUNTEER APPLICATION**

A copy of your Washington State Driver's License or Military I.D. and Volunteer Applicant Disclosure Form must be submitted before you can be approved to work with students. The volunteer coordinator in your building or department can match your expertise, interests and skills with staff requests for volunteers.

Name: \_\_\_\_\_ Telephone: (Day) \_\_\_\_\_ (Evening) \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Daytime phone: \_\_\_\_\_ Relationship to you \_\_\_\_\_

Name of your regular physician \_\_\_\_\_ Dr.'s Phone # \_\_\_\_\_

Please describe any special medical conditions (allergies, etc) or special accommodations  
\_\_\_\_\_

Location Preference: \_\_\_\_\_ Your child(ren's) current grade level: 1 2 3 4 5 6 7 8 9 10 11 12

Your children(s) name(s), if applicable \_\_\_\_\_

**Indicate below which category(s) you prefer as a volunteer:**

- At-Home Volunteer     Library Volunteer     Child Care Volunteer     Enrichment Volunteer
- Classroom Volunteer\*     Health Room Volunteer     On-Call Volunteer     Special Education Volunteer
- Office Volunteer     Tutoring Volunteer\*     Lunch Buddy     District Department Volunteer
- Playground Volunteer     Field Trips Volunteer     Breakfast Buddy    (Admin, Facilities, Business, Human Resources)
- Special Events Helper (e.g. *Young Authors, Science Fair, History Day, Destination Imagination, Cultural Fair*)

**\*Classroom and Tutoring Assistance:** I would be most interested in assisting in the following areas:

- Reading     Art     Economics     World Languages     Technology Education
- Math     Business     History     Music Education     Vocational Education
- Social Studies     Careers     Language Arts     Special Education     Physical Education
- Science     Computers     Home & Family Life     English as a Second Language (ESL)     Homework Club

Please suggest any other areas you can offer assistance \_\_\_\_\_

Do you have special training or educational background? Yes \_\_\_ No \_\_\_ Please describe:  
\_\_\_\_\_

Are you bilingual? Yes \_\_\_ No \_\_\_ If yes, what other languages do you speak? \_\_\_\_\_

Do you have clerical or computer skills? Yes \_\_\_ No \_\_\_ If yes, please describe \_\_\_\_\_

Please indicate your preferred days/times:

Mon. \_\_\_AM\_\_\_PM, Tues. \_\_\_AM\_\_\_PM, Weds. \_\_\_AM\_\_\_PM, Thurs. \_\_\_AM\_\_\_PM,  
Fri. \_\_\_AM\_\_\_PM

Please circle your preferred grade level: K 1 2 3 4 5 6 7 8 9 10 11 12

I release and waive Central Kitsap School District, my former employers and all references from any and all liability in obtaining or disclosing volunteer related information. I understand copies of my signature will be honored and that this signed release shall not have an expiration date. If any part of the application is altered, the application will not be accepted.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

**ATTENTION VOLUNTEER COORDINATOR:** This form stays in your building unless the volunteer indicates an interest in helping a district department or different building. Forward forms for other sites to Community Schools.