



East Allen County Schools Volunteer Registration & Survey Application

Name: _____ Date: _____

Address: _____
Street City, State & Zip Code

Home Phone: _____ Daytime Phone: _____ Cell #: _____

E-mail Address: _____

Please check appropriate box: Parent Community Volunteer: Are you retired? Yes No

Student: Major _____

If any, name(s) child(ren) attending East Allen County Schools: (Name/Grade/School)

Previous Volunteer Experience: _____

Type of Volunteer Work Preferred: (circle all that apply)

Assist in Classroom Clerical Work Assist in the Computer Lab

Work w/ indiv. Child Work w/ Small Groups Listen to a child(ren) read

Lunch room assistant Copy materials for teachers Be a Mentor/Tutor

Assist in Academic Areas: MATH SCIENCE READING OTHER

Speak to a class on my specialty topic, which is: _____

Demonstrate my hobby or talent to a class, which is: _____

Other: _____

Preferred School Placement & Grade Level: _____

Times Available: Please indicate day & time you can spend in school.

Example: Mondays from 9:00 AM – 11:00 AM

Signature: _____

Date: _____