



SECTION:	General School Administration	APPROVAL DATE:
SUBSECTION:	School Building Administration	March 6, 2000
POLICY NAME:	Volunteers in Schools	LAST REVISED:
POLICY NUMBER:	APP.C.GSA.E.9	March 6, 2000

SCHOOL VOLUNTEER INTERVIEW FORM

A. GENERAL DATA:

Name: _____

Address: _____

Area: _____ Postal Code: _____

Tel. Home: _____ Tel. Business: _____

Emergency Contact: _____

Tel. Home: _____ Tel. Business: _____

B. VOLUNTEER CLASSIFICATION:

Parent Senior/Retiree University Student Community

Organizational Affiliation (if any)

C. Languages Spoken: English French Other

Languages Written: English French Other

D. 1. Why are you interested in being a volunteer at School?

2. What work, volunteer or personal experiences have you that would enable you to be an effective volunteer in our school?

3. Please comment on the areas of interest or expertise you noted on the volunteer survey.

4. What do you see as the challenges facing our students in our schools today?

E. GRADE LEVEL:

K ___ 1-3 ___ 4-6 ___ 7-8 ___ High School ___

F. Availability:

Days and Times Preferred:

	Monday	Tuesday	Wednesday	Thursday	Friday
Morning					
Afternoon					
Other					

G. Transportation:

H. How did you hear about the program?

I. REFERENCES: (not relatives)

(i) Name: _____

Address: _____

Telephone: _____ Relationship: _____

(ii) Name: _____

Address: _____

Telephone: _____ Relationship: _____

I agree to permit the school principal to contact and secure information from references as supplied.

Signature _____

Assigned To: (School) _____ Tel: _____

Staff Member Contact: _____ Tel: _____

Activity: _____

Scheduled Days: _____ Times: _____

Date of Orientation: _____ Start Date: _____