



A department of

MADISON METROPOLITAN SCHOOL DISTRICT



# VOLUNTEER APPLICATION

Name: \_\_\_\_\_ Today's Date: \_\_\_\_\_

Address: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

City, State Zip: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Gender: \_\_\_\_\_ Female \_\_\_\_\_ Male

## **Education and Experience**

Please circle last grade completed: \_\_\_\_\_ College: \_\_\_\_\_  
1 2 3 4 5 6 7 8 9 10 11 12 1 2 3 4 please list major & degree(s): \_\_\_\_\_

Please list any relevant experience, training, certifications, skills, other languages, or strengths that you will bring to a volunteer position: \_\_\_\_\_  
\_\_\_\_\_

## **Availability**

### **What is your time commitment?**

2+ days/week     2+ hrs/week     1-2 hrs/week     1 time events or less than 1 hr/wk

### **What is your availability?**

Day	<input type="checkbox"/> Mon.	<input type="checkbox"/> Tue.	<input type="checkbox"/> Wed.	<input type="checkbox"/> Thu.	<input type="checkbox"/> Fri.	<input type="checkbox"/> Sat.	<input type="checkbox"/> Sun.
<b>Time</b> Example: 2:00 - 4:00 pm							

## **Areas of Interest**

Please check the areas in which you would be interested in volunteering. Check all that apply.

- Safe Haven Childcare
- General office
- Academic Tutoring
- Camps
- Soccer
- Pontoon Boats
- Down-Hill Skiing

Population:

- Elementary School
- Middle School
- High School
- Students with disabilities
- Adults with disabilities
- Seniors

Do you prefer to work:

- one-on-one
- with a group

## **Requirements (if applicable)**

Do you need to work with a specific population/program (students with disabilities, ESL, etc.) \_\_\_\_\_

How many total hours would you like/need to volunteer? \_\_\_\_\_

When do these hours need to be completed by? (if applicable) \_\_\_\_\_

What else do you need from MSCR (i.e. evaluation completed, record of hours, etc)? \_\_\_\_\_

*MSCR volunteer assignment is subject to a successful criminal records check, available online at [www.msgr.org](http://www.msgr.org)*

**Signature of Applicant:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Send to: Michelle Borkovec, MSCR, 3802 Regent Street, Madison, WI 53705 or fax to: 608-204-0557  
or email to: [dbennett@madison.k12.wi.us](mailto:dbennett@madison.k12.wi.us)