

VOLUNTEER FOR CREDIT APPLICATION

This program is intended to help provide the school with extra support personnel needed to run our daily program and to provide tuition assistance in exchange for these work assignments. Parents wishing to apply need to be aware that they are meeting a necessary work function. The inability to work the assignment puts a hardship on other staff; therefore, we ask that those who apply be prepared to fulfill their commitments. The amount of assistance will be applied on a month-to-month basis after the hours have been worked. Only the hours actually worked will be credited regardless of the amount contracted.

PARENT NAME _____

STREET ADDRESS _____

CITY _____ STATE _____ ZIP _____ PHONE # _____

DAYS AVAILABLE (CIRCLE) M T W TH F HOURS: _____ TO _____

POSITIONS NEEDED (CHECK ALL YOU ARE WILLING TO DO)

_____ NURSE	_____ LIBRARY ASSISTANT	_____ OFFICE AIDE
_____ TEACHER ASSISTANT	_____ KITCHEN ASSISTANT	_____ DISHWASHER
_____ CAFETERIA ASSISTANT	_____ PLAYGROUND ASSISTANT	_____ CUSTODIAN

LIST ANY SKILLS OR PREVIOUS WORK EXPERIENCE WHICH WOULD APPLY TO ANY OF THE AREAS YOU HAVE CHECKED:

COMMENTS:

SIGNATURE _____ DATE _____