

Cut your piece of the

P.I.E.

Partners In Education

VOLUNTEER APPLICATION

Oak Harbor School District

"A caring community educating every student for success."

Date _____



**Complete All Pages
Please Print**

FOR OFFICE USE ONLY	
Date rec'd	_____
Disclosure form	_____
WSP	_____
Partnership	_____
Background	_____
School	_____
Policies	_____
Photo I.D.	_____
Expiration	_____

Last Name _____ First Name _____ M F

Street Address _____ Mailing Address (if different) _____

City/State _____ Zip Code _____

Phone (Work) _____ (Home) _____ Email _____

Current Occupation and employer _____

If active military, indicate squadron or tenant command _____

Do you have children in the OHSD? Yes No If Yes, which school(s)? _____

Program Locations - Check the school where you will be volunteering and mark your grade preference

Elementary School: Check your School

- Broad View Crescent Harbor Hillcrest Oak Harbor Olympic View

Circle your grade preference. K 1 2 3 4 5

Middle School: Check your school Oak Harbor Middle North Whidbey Middle

Circle your grade preference 6 7 8

Oak Harbor High School Circle your grade preference 9 10 11 12

Midway School

Name of teacher you will be helping _____

I need help with volunteer placement

Availability

Please check days and indicate times available

Day: Monday Tuesday Wednesday Thursday Friday

Time: _____

Statement-Please read before you sign.

All information in this application is accurate to the best of my knowledge. I have completed the following forms: Volunteer Application, Applicant Disclosure Form, Washington State Patrol Request for Criminal History Information (parts C and D) and Policy Forms. I have signed all the documents. I understand that I must submit a completed application packet, and in some cases, an interview may be required prior to placement in a volunteer position. I also understand that the reference listed on the back of this page may be contacted prior to my being placed as a volunteer. I am aware that, whenever possible, I will wear my volunteer name badge and use the Volunteer Sign In Sheet located in each office to sign in and out of the building. I understand that regular communication with the teacher is important and that if for some reason I am not able to fulfill my obligation, that I will contact the teacher, the school, or the Community Resources Coordinator. I also understand that, due to confidentiality concerns, I am not to share specific student related information with anyone other than the child's teacher.

Signature _____ **Date** _____

In case of emergency notify _____ Phone _____

(Please continue to other side)

RETURN TO: Martha Wallin Community Resources 350 S. Oak Harbor St. Oak Harbor, WA 98277 360-279-5020

General Information To assist in placing you in a rewarding volunteer position, please fill out the information below.

Preferences Please mark all areas of interest

- | | | | |
|---|--|--|--|
| <input type="checkbox"/> Coaching/Officiating | <input type="checkbox"/> Computers/Technology | <input type="checkbox"/> Dance Chaperone
<small>(If active duty, must be at least 21
if not, must be at least 25)</small> | <input type="checkbox"/> Field Trips |
| <input type="checkbox"/> Health Screening | <input type="checkbox"/> History | <input type="checkbox"/> Library | <input type="checkbox"/> Math |
| <input type="checkbox"/> Resource Speaker | <input type="checkbox"/> Physical Education/Sports | <input type="checkbox"/> Reading | <input type="checkbox"/> Parent Group Activities |
| <input type="checkbox"/> Tutoring | <input type="checkbox"/> Writing/Language | <input type="checkbox"/> Special Needs Students | |

Foreign Language (Languages Spoken) _____

Other (please specify) _____

Hobbies, Interests _____

Reason for volunteering _____

Previous work with children (use additional paper if necessary) _____

How did you learn about the P.I.E program? _____

Reference (Non relative)

Name _____

Address _____

City/state/zip _____

Relationship to you _____

Phone _____

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