



Eugene School District 4J
Volunteer Interest Form

Name: _____

Last First Middle (full name required)

Address: _____ City: _____ Zip: _____

Telephone #: _____

Home Work Message/Cell/Pager

E-mail address: _____

School/s for volunteer placement: _____

Student's Name: _____ Grade: _____ School: _____
 Name: _____ Grade: _____ School: _____
 Relationship to student: _____

Choices for Volunteering (Please indicate area of interest)

| Instruction | Library | Special Projects |
|--|--|---|
| <input type="checkbox"/> General Classroom | <input type="checkbox"/> Clerical/shelving | <input type="checkbox"/> Arts & Crafts |
| <input type="checkbox"/> Computer | <input type="checkbox"/> Storytelling | <input type="checkbox"/> Bulletin Board |
| <input type="checkbox"/> Language Arts Tutor | Cafeteria | <input type="checkbox"/> Calligraphy |
| <input type="checkbox"/> Mathematics | <input type="checkbox"/> Lunchroom Facilitator | <input type="checkbox"/> Display Case |
| <input type="checkbox"/> Physical Education | <input type="checkbox"/> Food Server | <input type="checkbox"/> Drama |
| <input type="checkbox"/> English Language Learners Tutor | Office | <input type="checkbox"/> Music |
| <input type="checkbox"/> Bi-lingual Tutor/Interpreter | <input type="checkbox"/> General Duties | <input type="checkbox"/> Child Care |
| _____ (language/s) | <input type="checkbox"/> Telephoning | <input type="checkbox"/> Field Trips |
| <input type="checkbox"/> Talented & Gifted Program (TAG) | Other | <input type="checkbox"/> Fund-Raising |
| <input type="checkbox"/> Vocational Education | <input type="checkbox"/> Volunteer Coordinator | <input type="checkbox"/> Teacher Appreciation |
| <input type="checkbox"/> Special Needs Education | <input type="checkbox"/> Health Screening | |
| <input type="checkbox"/> Publishing Center | <input type="checkbox"/> Health Room Helper | |
| <input type="checkbox"/> SMART Reading Program | <input type="checkbox"/> Playground | |
| <input type="checkbox"/> Other _____ | | |
| <input type="checkbox"/> I would be interested in being a presenter on these topics: _____ | | |

Emergency Information (list two people to contact in case of emergency):

Name: _____ Relationship: _____ Phone: _____
 Name: _____ Relationship: _____ Phone: _____
 Primary Doctor's Name: _____ Phone: _____

Do you have a hospital preference? Yes No Hospital: _____

Do you have a medical condition, or are you taking medication/s we should know about in case of an emergency? Yes No

If yes, please explain: _____