



Schools of Hope Volunteer Application

Sun Prairie Area School District

501 S. Bird Street, Sun Prairie, WI 53590

*THANK YOU for choosing to work with the students of Sun Prairie Area Schools.
Please complete this form and return to the address above, attention Human Resources*

Last Name	First Name	M.I.	Date of Birth
Address (Number and Street)			
City/State/Zip			E-Mail Address
Home Phone	Work Phone		Cell Phone
Occupation (if retired, provide former occupation)			Employer

How do you prefer to be contacted: (circle one) E-Mail Home Phone Work Phone Cell Phone

Please list any experience you have had working with children: _____

If applicable, list language(s) other than English that you are comfortable using: _____

I am available to start after this date: _____ I would like to volunteer about _____ hours each week. These are all the times I could be available to volunteer:

Days	Times
Mondays	
Tuesdays	
Wednesdays	
Thursdays	
Fridays	

I prefer these locations(s): (placement will depend on school needs)

No preference
 CH Bird Elementary
 Creekside Elementary
 Northside Elementary
 Westside Elementary
 Patrick Marsh Middle School (Gr. 6-7)
 Prairie View Middle School (Gr. 6-7)
 Cardinal Heights Upper Middle School (Gr. 8-9)

I prefer working with students in the following grade level(s): (check all that apply)

No preference
 Kindergarten-1st grade
 2nd-3rd grade
 4th-5th grade
 6-7th grade
 8-9th grade

Available transportation: Walk Bike Car Other: specify _____

Accessibility Needs (if any): _____

PERSONAL REFERENCES

Please list two people whom you have known for at least two years and will be able to provide a character reference. Please do not list relatives. You may include your employer.

Name:	Relationship:
Address: (Number, Street)	Day Phone:
City State Zip	Evening Phone:

Name:	Relationship:
Address: (Number, Street)	Day Phone:
City State Zip	Evening Phone:

How did you learn about this opportunity? _____

EMERGENCY CONTACT

Name	Phone Number	Relationship
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CONFIDENTIALITY STATEMENTS

Consent to Share Confidential Information: I understand that the volunteer screening process includes both criminal background checks and references checks. I give permission to have the results of these checks shared with the placement sites considering my involvement as a volunteer.

Confidentiality Agreement: I understand that in providing my services as a volunteer with Sun Prairie Schools, I will respect the confidential nature of the knowledge I will gain concerning the academic performance, behavior and personal information of the children with whom I work. If a child tells me something or I notice something that may indicate his/her safety is at risk or he/she is in emotional distress, I will report that information to my supervising teacher.

I also agree not to initiate contact with the children with whom I work or their families outside of the school or program setting to which I have been assigned.

Signature

Date