

School, Family & Community Partnership Program
Bruce Public School District
School Volunteer 2013/14
Be Respectful- Be Responsible- Be Safe

First name	Initial	Last Name	Home phone	Cell Phone
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Any other names by which you've been known: _____

Address	Town	Zip
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Birthdate _____ Email _____

Have you been a full-time resident of Wisconsin for the past 3 years? _____ Yes _____ No

If 'no' above, list non-Wisconsin address(es), including county and state, of residence during the past 3 years: _____

Have you been convicted of a crime involving a minor (including a deferred imposition of sentence)? _____

- As a Bruce District School Volunteer I agree to complete a background disclosure. School volunteer service orientation will take place upon background clearance by the school.

References:

Name	Phone	Relationship
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Name	Phone	Relationship
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Employment History:

Employer	Job Title	Dates employed
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Employer

Job Title

Dates employed

Education:

School

Degree/Diploma earned

School

Degree/Diploma earned

Please list your interests, skills, hobbies:

Congratulations! Your decision to be a Bruce School Volunteer is very much appreciated by the Board, Administration, Teachers and most of all the Student body! Please tell us what made you decide to be a School Volunteer.

Please indicate your availability:

Day Time(s) Available

Monday

Tuesday

Wednesday

Thursday

Friday

Emergency Contact

Name

Phone

Relationship

Is there anything special we should know about your health/family/vacation times/etc.?

