



Pocatello/Chubbuck School District Volunteer Application Form



Name: _____

Address: _____
Street City State Zip

Home Phone: _____ Cell Phone: _____

Person to be notified in an emergency: _____
Name

Address Phone

Children in school: _____

School preference (if any) _____

Education (Circle highest grade completed):

6 – 7 – 8 – 9 – 10 – 11 – 12 College 1 – 2 – 3 – 4 – Graduate

Work Experience

Position: _____

Employer: _____

Volunteer Experience

Position: _____

Employer: _____

Skills and Interests: _____

Type of volunteer work preferred

Tutoring aide (list subject or subjects): _____ Chaperone _____

General school aide: _____ Coach _____

Enrichment aide (list area or areas of interest): _____ Classroom assistant _____

Grade level preferred: Pre-K _____ Kindergarten _____ Elementary _____ Secondary _____

Check days and hours you are able to serve:

MON TUES WED THUR FRI

A.M.: _____

P.M.: _____