

Date of Training: \_\_\_\_\_

Terrell Independent School District  
**Volunteer Program Application Form**  
**2008 - 2009**  
(Please print or type)

**PERSONAL DATA**

Name: \_\_\_\_\_  
Last First Middle

Home Mailing Address: \_\_\_\_\_  
Street City Zip

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Your Child's Name: \_\_\_\_\_ Grade: \_\_\_\_\_ Teacher's Name: \_\_\_\_\_

**PERSON(S) TO CONTACT IN CASE OF AN EMERGENCY:**

Name	Address	Phone

**TYPE OF VOLUNTEER SERVICE PERFERRED:**

- |   |  |
|---|--|
| <input type="checkbox"/> Assist the school nurse                                    | <input type="checkbox"/> Listen to students read |
| <input type="checkbox"/> Assist with art activities<br>(cut/trace patterns at home) | <input type="checkbox"/> Lunch room assistant    |
| <input type="checkbox"/> Assist with Special events                                 | <input type="checkbox"/> Math tutor              |
| <input type="checkbox"/> Assist with Special Olympics                               | <input type="checkbox"/> Playground assistant    |
| <input type="checkbox"/> Change bulletin board/displays                             | <input type="checkbox"/> Read aloud to students  |
| <input type="checkbox"/> Clerical aide – office                                     | <input type="checkbox"/> Room mother/assistant   |
| <input type="checkbox"/> Clerical aide – teacher                                    | <input type="checkbox"/> Small group work        |
| <input type="checkbox"/> Field Day assistant  | <input type="checkbox"/> Student Mentor          |
| <input type="checkbox"/> Field Day chaperone  | <input type="checkbox"/> Tutor (subject)         |
| <input type="checkbox"/> Library assistant  | <input type="checkbox"/> Update campus marquee   |
|   | <input type="checkbox"/> Other _____             |

**Skills/Interests/Hobbies**

\_\_\_\_\_  
\_\_\_\_\_

**Please indicate the days and hours you can serve:**

Monday Tuesday Wednesday Thursday Friday Saturday Sunday  
AM \_\_\_\_\_  
PM \_\_\_\_\_

**Please indicate the campus/campuses where you would like to serve:**

- WHB  JFK  Long  WIS  FMS  THS  Phoenix

**Education and Training:**

Highest Grade Completed: \_\_\_\_\_  High School Graduate  GED  
 College  Graduate School

Training: \_\_\_\_\_

Languages: \_\_\_\_\_

**VOLUNTEER AGREEMENT**

Please read carefully before signing:

I certify that the answers given by me to all questions on this application and any attachment are to the best of my knowledge and belief, true and correct. I have not knowingly withheld any pertinent facts or circumstances. I understand that any omission or misrepresentation of fact in this application may result in refusal or separation of my volunteer activity, upon discovery thereof.

In consideration of my volunteer services, I agree to conform to the policies and rules of the Terrell Independent School District.

I have read both the **TISD Volunteer Guidelines** and the **TISD Volunteer Code** in my handbook, and agree to uphold these principles in my volunteer services.

\_\_\_\_\_  
VOLUNTEER SIGNATURE

\_\_\_\_\_  
DATE

**OATH OF CONFIDENTIALITY**

I swear to hold all information not available to the general public pertaining to the students and staff of Terrell ISD strictly confidential. By this oath, I pledge to only discuss confidential information about students and staff with TISD personnel who on a “need to know” basis must be informed.

\_\_\_\_\_  
VOLUNTEER SIGNATURE

\_\_\_\_\_  
DATE

PLEASE RETURN THIS FORM TO THE ADMINISTRATION OFFICE, SPECIAL PROGRAMS DEPARTMENT, Pat Martin, Executive Director of Special Programs, 700 N. Catherine St., (972)563-7504.