

**OXFORD ACADEMY
VOLUNTEER PROGRAM
Volunteer Application Form**

Name: _____ Date: _____

Address: _____ Phone: _____

Person to Notify in an Emergency – Name: _____ Phone: _____

What special abilities, interests and skills do you have that you would be willing to share with children or in a clerical or other capacity? _____

Have you ever worked as a volunteer before? YES NO If yes, indicate where and what you did.

Have you ever been convicted of a crime? YES NO If yes, when, where, for what?

Two References: (must be non-family)

Name: _____ Relationship: _____ Phone #: _____

Name: _____ Relationship: _____ Phone #: _____

In what grade level would you like to work?

UPK – 4

Grades 5 – 8

Grades 9 – 12

(particular area i.e. English, Agriculture: _____), clerical work, other _____

In what area would you like to work? (circle one or more).

Media Center Tutorial Resource Instructional Materials Special Activities

Classroom Clerical Work at Home No Preference Other _____

Would you like to work with a particular teacher(s)? YES NO If yes indicate teachers name below.

When would you be available for volunteer work? (You won't be expected to work all the times listed.)

Mon. Tues. Wed. Thurs. Fri.

From						List below any children or grandchildren that you have in the school: Name Teacher
To						

Occasional

Regularly

Specials

Please return this sheet to the District Office