

Intergenerational Reading Collaboration
Creslane Elementary School

Volunteer Application

Name _____ Application Date _____

E-mail address _____

Home Address _____ City, State, Zip _____

Cell Phone _____ Other Phone _____

Emergency contact: Name _____ phone number _____

Education: Highest Level of Education _____

Current or last employment _____

Special training, skills, hobbies _____

Groups, clubs, organizational memberships _____

What experiences have you had that may prepare you to work as a volunteer with children?

Why do you want to volunteer? (Or what do you want to gain from this volunteer experience?)

Please read the following carefully before signing this application:

I understand that this is an application for and not a commitment or promise of volunteer opportunity.

I certify that I have and will provide information throughout the selection process, including on this application for a volunteer position, that this is true, correct and complete to the best of my knowledge. I certify that I have and will answer all questions to the best of my ability and that I have not and will not withhold any information that would unfavorably affect my application for a volunteer position.

Signature _____ **Date** _____

Please return completed application to Creslane Elementary School Office, 996 West A St., Creswell, OR 97426