

**VOLUNTEER INFORMATION FORM
PORTLAND PUBLIC SCHOOLS
PORTLAND, OREGON**

Name: Last _____ First _____ M.I. _____

Address: _____

City _____ State _____ ZIP _____

Home Phone _____ Hours to call _____

Business Phone _____ Hours to call _____

Birth Date _____

Preferred Grade Level:	<input type="checkbox"/> K-5	<input type="checkbox"/> 6-8	<input type="checkbox"/> 9-12	<input type="checkbox"/> Other _____
Check Preferred Area Below				
<input type="checkbox"/> HOSTS Reading Program <input type="checkbox"/> Classroom <input type="checkbox"/> Reading <input type="checkbox"/> Math <input type="checkbox"/> Science <input type="checkbox"/> Drama <input type="checkbox"/> P.E. <input type="checkbox"/> SMART Program	<input type="checkbox"/> Foreign language (list _____) <input type="checkbox"/> Instrumental Music <input type="checkbox"/> Vocal Music <input type="checkbox"/> Student Attendance <input type="checkbox"/> Resource Center <input type="checkbox"/> Home Economics <input type="checkbox"/> Lunch Supervision	<input type="checkbox"/> Playground Supervision <input type="checkbox"/> Arts & Crafts <input type="checkbox"/> Counseling Office <input type="checkbox"/> Library <input type="checkbox"/> Office <input type="checkbox"/> Clerical <input type="checkbox"/> Other (list _____)		

HOSTS (Help One Student to Succeed) – A time commitment of at least one-half hour once a week in an organized tutor reading program. Available only in certain schools.

Start Making A Reader Today

Work/Volunteer experience relating to areas of volunteer interest

Day(s) and Time(s) available (List hours each day you could volunteer)

_____ Monday _____ Tuesday _____ Wednesday

_____ Thursday _____ Friday

I am available to volunteer: ___ Weekly ___ Regularly ___ Occasionally ___ Other

Preferred School or Site: _____

EMERGENCY INFORMATION: In case of emergency, please notify:

Name _____ Phone _____ (home)

Address _____ Phone _____ (work)

Doctor _____ Phone _____ (home)

Address _____

Preferred Hospital _____

Medical Insurance Coverage _____ **I.D. Number** _____

(Other pertinent medical information (bee sting allergy, epileptic, medical alert bracelet, etc.)

Signature: _____ **Date:** _____