

# MADISON METRO SCHOOLS AND MADISON PRESCHOOLS

## VOLUNTEER APPLICATION

Please return completed form to:  
**Madison School Volunteer Programs**  
**P.O. Box 5414**  
**Madison, WI 53705-0414**

Last Name	First Name	M.I.	Date
Address (Number and Street)			
City/State/Zip		E-Mail Address	
Home Phone	Work Phone	Cell Phone	
Occupation (if retired, provide former occupation)		Employer	
If Student, Institution		Year and Area of Study	
<input type="checkbox"/> I am a student with a current work study award and am eligible to receive payment for tutoring.			
<input type="checkbox"/> I am at least 55 years old. I would like to be a member of RSVP and have my volunteer hours counted towards the total contributions older adults make to the education of children in Madison. RSVP is a partner in the Madison School Volunteer Programs and can provide additional resources for its volunteers.			

I am available: \_\_\_entire school year \_\_\_fall semester \_\_\_spring semester \_\_\_summer

I am available to start after this date: \_\_\_\_\_ I would like to volunteer about \_\_\_\_\_ hours per week.

I am available to volunteer at the following days/times:      Day(s)                      Time(s)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Available transportation: \_\_\_walk/bike \_\_\_bus \_\_\_car

Accessibility needs: \_\_\_\_\_

### VOLUNTEER PREFERENCES

I prefer working with students in the following grade level(s): (check all that apply)

Preschool       Kindergarten-3<sup>rd</sup>       4<sup>th</sup>-5<sup>th</sup>       6<sup>th</sup>-8<sup>th</sup>       9<sup>th</sup>-12<sup>th</sup>

I am comfortable using the following language(s): \_\_\_\_\_

I am comfortable working in the following skill area(s): (check all that apply)

\_\_\_Literacy    \_\_\_Math    \_\_\_ESL (English as a Second Language)    \_\_\_Other: \_\_\_\_\_

I prefer these location(s): (options will depend on school needs)

\_\_\_No preference    \_\_\_North    \_\_\_East    \_\_\_South    \_\_\_West

My experiences working with children/youth include: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## PERSONAL REFERENCES

Please provide the following for two people (local if possible) who have known you for at least two years and will be able to provide a character reference. You may include your employer. Please do not list relatives.

Last Name	First Name	Relationship
Present Address (Name/Street)		Day Phone
City	State	Zip
		Night Phone

Last Name	First Name	Relationship
Present Address (Name/Street)		Day Phone
City	State	Zip
		Night Phone

Additional Information: Please list any additional skills, experiences, etc. you feel may be helpful in finding a position for you: \_\_\_\_\_

\_\_\_\_\_

How did you learn about this opportunity? \_\_\_\_\_

## EMERGENCY CONTACT

\_\_\_\_\_  
Name Phone Number Relationship

## CONFIDENTIALITY STATEMENTS

Consent to Share Confidential Information: I understand that the volunteer screening process includes both criminal background checks and reference checks. I give permission to have the results of these checks shared with placement sites considering my involvement as a volunteer.

Confidentiality Agreement: I understand that in providing my services as a volunteer with Madison Schools I will respect the confidential nature of the knowledge I will gain concerning the academic performance, behavior and personal information of the children with whom I work. If a child tells me something or I notice something that may indicate his/her safety is at risk or he/she is in emotional distress, I will report that information to my supervising teacher or a support staff member (social worker, psychologist, nurse).

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date