



Denver Public Schools VOLUNTEER APPLICATION

Last Name _____ First Name _____ M.I. _____

Address _____ City _____ Zip _____

Email Address _____

Primary telephone # _____ Secondary phone # _____

Source of Referral _____

Check type of volunteer service interested in:

<input type="checkbox"/> Teacher Assistance	<input type="checkbox"/> Health	<input type="checkbox"/> Foreign Tutoring	<input type="checkbox"/> Reading
<input type="checkbox"/> Small-group Supervision	<input type="checkbox"/> Learning Disabilities	<input type="checkbox"/> Tutoring	<input type="checkbox"/> Math
<input type="checkbox"/> Enrichment	<input type="checkbox"/> Library	<input type="checkbox"/> Clerical	<input type="checkbox"/> Other

Check grade level which interests you: K-2 _____ 3-6 _____ Middle _____ Senior High _____

Check days and hours you can serve:

	Morning	Afternoon	Evening
Monday	_____	_____	_____
Tuesday	_____	_____	_____
Wednesday	_____	_____	_____
Thursday	_____	_____	_____
Friday	_____	_____	_____

School or area to which you would like to be assigned _____