

PARTNERSHIP VOLUNTEER APPLICATION LLANO INDEPENDENT SCHOOL DISTRICT

Complete the following form to serve as a partnership volunteer

Last Name _____ First Name _____ Middle Initial _____

Address _____
City State Zip Code

Occupation _____ Place of Employment _____

Telephone (Work) _____ (Home) _____

Date of Birth: Month _____ Day _____ Year _____ Male _____ Female _____

Texas Drivers License Number _____ Social Security _____

Campus(es) You Are Available To Volunteer At (Please Circle):

Packsaddle Elementary Llano Elementary Llano Junior High Llano High School

Day(s) of the Week You Are Available To Volunteer (Please Circle):

Monday Tuesday Wednesday Thursday Friday

Please Indicate The Type Of Volunteer Opportunities You Would Prefer:

<input type="checkbox"/> Advisory Committee	<input type="checkbox"/> Music
<input type="checkbox"/> Clerical	<input type="checkbox"/> Art
<input type="checkbox"/> Technological Support	<input type="checkbox"/> Library
<input type="checkbox"/> Mentoring	<input type="checkbox"/> Reading
<input type="checkbox"/> Math	<input type="checkbox"/> Science
<input type="checkbox"/> Social Studies	<input type="checkbox"/> Extra Curricular
<input type="checkbox"/> Special Events	<input type="checkbox"/> Other

Describe the experience and talents you bring to the partnership volunteer program:

Education: _____

Volunteer Experience: _____

Foreign Language (speak) _____ **(Write)** _____

Special Skills, Interest, Hobbies _____

Volunteer Agreement Please Read Carefully Before Signing Below

As a partnership volunteer, I understand I am offering my services to the Llano Independent School District without compensation. I hereby release the District of liability and indemnify the District against any loss or damages ensuing while I am on school premises or on school business. I agree to abide by the program guidelines and understand the District may conduct a background check. All information obtained through such a check will be considered confidential and used strictly in determining eligibility for the partnership volunteer program.

Signature

Date