



GC-4 Volunteer Application

Applicant's Name: _____

Date: _____ **County:** _____

Contact Information

Mailing address: _____

City: _____ State: _____ Zip code: _____

Email: _____

Home phone: _____ Cell phone: _____

Emergency Contact

Name: _____ Relationship: _____

Phone: _____

Volunteer Interest

Which of the following Bright Futures volunteer positions interest you?

___ Grandview Reader Leaders

___ Office Support - i.e. mailing, data entry, record keeping, phone calls, etc.

___ Teacher Support - i.e. teacher aide; tutoring; class preparation/assistance; library assistant

___ Student Support - i.e. greeter; lunch buddy; playground aide etc.

___ Bright Futures Programs (Back snacks, Meadowmere Mentors, Lady Leaders, clothes closet, needs request, etc.)

With which of the Grandview Schools are you most interested in volunteering?

Grandview High School

Belvidere Elementary

Grandview Middle School

Butcher Greene Elementary

C.A.I.R.

Conn-West Elementary

School District / Bright Futures

Meadowmere Elementary

High Grove Early Childhood Center

Martin City (K-8)

Are you fluent in any language other than English (including sign language)?

If yes, please list language(s):

Additional Skills & Interests that you may be interested in contributing

Availability

Hours per month: 4 or less 5 to 10 More than 10

Circle preferred days and times:

Monday	Morning	Afternoon
Tuesday	Morning	Afternoon
Wednesday	Morning	Afternoon
Thursday	Morning	Afternoon
Friday	Morning	Afternoon
As Needed		

Affiliation:

Parent or Family Community Volunteer Retired Teacher

Other (e.g., church, business, neighborhood partner): _____

Education

Highest level completed: _____

Degree/certificate: _____

Optional

Do you have any medical conditions you would like Bright Futures to be aware of? Yes No

If yes, please describe: _____

Do you require any special accommodations? Yes No

If yes, please describe: _____

Declaration

I declare that the information provided and statements made in this application are true and complete to the best of my knowledge and belief. I understand that Grandview C-4 School District, at their sole and complete discretion, may accept or decline this application without providing me any reasons for the decision.

Signature: _____ **Date:** _____

For additional information please contact:

GC-4's Public Relations Office
816-316-5021
Volunteer @grandviewc4.net