

Windham Academy Volunteer Application Form

We are very interested in hearing how you may be willing to assist us this coming year. Please tell us a little about yourself!

I am a:	
PARENT (Child name(s)/Grade(s))
RELATIVE/CAREGIVER MENTOR/TUTO	R
STUDENT (School Attending:)
ACTIVITY/COACH (Type of PROGRAM_)
NAME:	GENDER: M F Date of Birth:
ADDRESS:	City/Town
Zip	
CELL PHONE:HOME	PHONE:
FAVORED E-MAIL:	
CURRENT OCCUPATION:	
PREVIOUS EMPLOYMENT HISTORY (Type of V	
PREVIOUS VOLUNTEER EXPERIENCE:	
PREVIOUS WORK W/ CHILDREN/YOUTH: SCH	OOL AND COMMUNITY ACTIVITIES:
LANGUAGES SPOKEN:	



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ACADEMY						
HOBBIES/II	NTERESTS: _					
SKILLS: (ex	: Construction	on, Electrici	an, Yaro	l Work, Snow Plo	w, etc)	
AVAILABII.	ITY: (Check:	all that ann	lv nleas	se fill in specific ti	mes vou are a	vailable)
				Wednesday		Friday
Morning			_	-		
Afternoon						
	elp Around tl			varies		
INTERESTS	: (Check all t	<u>hat apply)</u>				
Assisting in	Classroom _	Sm	all grou	p Classroom Men	toring/Tutorin	ng
Recess Cove	erage	_ Lunch Co	verage ₋	Office St	upport	
Teacher Les	sson Preparat	tion Assista	nce	Career G	uest Speaker_	
Library Hel _l	p Afte	er-School Cl	ubs			
Assisting in	Special Even	t Days (Pict	ture Day	, Pizza Day, etc.)_		
Assisting St	udents Learn	ing English	l	After School Acti	vities	-
GRADE LE	VEL PREFE	RRED (Cir	cle)			
K 1	2	3	4	All		
through the stat place with stude understand that discontinue any	te of NH. I unders ent(s) on the scho t volunteering is a	stand that all vo ool campus dur a privilege, not icipation at any	olunteering ing school a right, and time and	ad and understand the g relationships establish hours or at other school d that the School may, i for any reason or no rea f my knowledge.	ned through the Wi ol authorized activi n its sole discretion	indham Academy take ties ONLY. I n, decide to

Signature Date: