



**CHAMPAIGN COMMUNITY UNIT SCHOOL DISTRICT NO. 4  
CHAMPAIGN, ILLINOIS**

**VOLUNTEER APPLICATION**

Personal Information			
Last Name	First Name	Middle Initial	Other Name(s) Used
Street Address	City	State	Zip
Home Phone ( )	Cell Phone ( )	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Race/Ethnicity <input type="checkbox"/> African American <input type="checkbox"/> Asian/PI <input type="checkbox"/> Caucasian <input type="checkbox"/> Hispanic <input type="checkbox"/> Multi-racial <input type="checkbox"/> Native American
	College Major (if applicable)		

Volunteer Position(s) Desired	Additional Information
<b>Preferred School(s):</b> _____ <b>Preferred Subject Area(s)/Grade(s):</b> _____ <input type="checkbox"/> Tutor an individual or small group <input type="checkbox"/> Assist as a classroom aide <input type="checkbox"/> Assist in the lunchroom or at recess <input type="checkbox"/> Mentor a student (this is a long term commitment) <input type="checkbox"/> Other (please list) _____ _____ _____	<b>Hours Available to Volunteer:</b> Monday <input type="checkbox"/> (8 – 10) <input type="checkbox"/> (10 – 12) <input type="checkbox"/> (12-2) <input type="checkbox"/> (2-4) Tuesday <input type="checkbox"/> (8 – 10) <input type="checkbox"/> (10 – 12) <input type="checkbox"/> (12-2) <input type="checkbox"/> (2-4) Wednesday <input type="checkbox"/> (8 – 10) <input type="checkbox"/> (10 – 12) <input type="checkbox"/> (12-2) <input type="checkbox"/> (2-4) Thursday <input type="checkbox"/> (8 – 10) <input type="checkbox"/> (10 – 12) <input type="checkbox"/> (12-2) <input type="checkbox"/> (2-4) Friday <input type="checkbox"/> (8 – 10) <input type="checkbox"/> (10 – 12) <input type="checkbox"/> (12-2) <input type="checkbox"/> (2-4)  How many hours per week do you wish to volunteer? _____  Additional comments about preferences: _____ _____ _____  Do speak a language other than English? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what language(s): _____

**VOLUNTEER RELEASE STATEMENT**

Have you been convicted within the past ten years of any felony or misdemeanor classified as an offense against a person or family; of public indecency; or of a violation involving a state or federally controlled substance?  yes  no If yes, please explain: \_\_\_\_\_

Have you ever had an indicated finding of child abuse in your name?  yes  no If yes, please explain: \_\_\_\_\_

I hereby state that if accepted as a school district volunteer, I agree to abide by the rules and regulations of Champaign Unit 4 Schools. I understand that I will be subject to a criminal background check. To the best of my knowledge and belief, all statements in this application are true and accurate.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**FOR OFFICE USE ONLY**

Notes:  
 \_\_\_\_\_  
 \_\_\_\_\_

Requestor: \_\_\_\_\_ Interview: \_\_\_\_\_ Approval: \_\_\_\_\_