



Stonebridge Community School  
Volunteer Information Form

NAME \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
PHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_  
\_\_\_\_\_

Educational Level/Work Experience

Please circle highest level completed:

High School                  GED                  College                  Post-Graduate

Work Experience (brief): \_\_\_\_\_

Volunteer Experience: \_\_\_\_\_

Languages you speak other than English, if any: \_\_\_\_\_

Availability

Entire School Year: \_\_\_\_\_ or Months:    Oct.    Nov.    Dec.    Jan.    Feb.    Mar.    Apr.    May

Time of Day:

Mornings from \_\_\_\_\_ to \_\_\_\_\_    M    T    W    Th    F

Afternoons from \_\_\_\_\_ to \_\_\_\_\_    M    T    W    Th    F

How many hours per week would you like to volunteer? \_\_\_\_\_

Preferred grade level, if any:            K    1    2    3    4    5/6

Please explain why you would like to volunteer at Stonebridge.

Do you have any concerns about working with young people?

Please list two references who are not related to you.

Names: \_\_\_\_\_ Phone Number: \_\_\_\_\_

1. \_\_\_\_\_  
\_\_\_\_\_

2. \_\_\_\_\_  
\_\_\_\_\_

*Volunteer's personal information not classified as public data is strictly confidential and will be used only to process the volunteer's placement. The data collected on this form is used to determine an appropriate volunteer placement. You may refuse to provide information, but if you do, you may not serve as a volunteer working with students at Stonebridge Community School.*