

Wallowa School District #12

Volunteer Application

All individual who wish to volunteer must complete this volunteer Application, a criminal History verification form, and pass a background check PRIOR to volunteering in any capacity.

Your Information

Date	
Name	
Street Address	
Mailing Address	
City, State, Zip	
Home Phone	
Cell Phone	
E-Mail Address	

Availability

Please specify hours of availability for volunteer assignments. Mornings Afternoons

Please specify days of availability for volunteer assignments.

Monday Tuesday Wednesday Thursday Friday Saturday

Schools you are interested in volunteering for:

Wallowa Elementary Wallowa High School

Interests

Please check areas of interest for volunteering.

- Office Assistance
- Library Assistance
- In the Classroom
- Field Trips
- Fundraising
- After-School Activities
- Sports
- Volunteer Activities from Home
- Other _____

I have received the District volunteer packet.

Applicants' Signature _____ Date _____

Return Form to

Wallowa School District #12
PO Box 425
Wallowa, OR 97885

Phone: 541-886-2061/District Office
541-886-2951/High School Office
Fax: 541-886-7355

