



**SCHOOL PARTNERS PROGRAM  
DENVER PUBLIC SCHOOLS**



**VOLUNTEER APPLICATION**

Mr. \_\_\_\_\_ Date \_\_\_\_\_  
 Mrs. \_\_\_\_\_  
 Ms. \_\_\_\_\_ Address \_\_\_\_\_  
 Last First MI City Zip  
 Telephone: (H) \_\_\_\_\_ (W) \_\_\_\_\_ (C) \_\_\_\_\_ Email \_\_\_\_\_  
 Affiliation (Volunteer Organization) School Partners Program  
 Source of Referral \_\_\_\_\_  
 Date of birth \_\_\_\_\_ Physical Limitations \_\_\_\_\_  
 Medical Care (Name of clinic or physician) \_\_\_\_\_

Education: (circle) 6 7 8 9 11 12 College 1 2 3 4 Graduate

**Work Experience:**

Employer	Address	Phone	Year	Position
1. _____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____

**Volunteer Experience:**

Organization	Address	Phone	Year	Kind of Service
1. _____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____

**References (excluding immediate family):**

Name	Address	Telephone
1. _____	_____	_____
2. _____	_____	_____

**Check type of volunteer service interested in:**

<input type="checkbox"/> Teacher Assistance	<input type="checkbox"/> Health	<input type="checkbox"/> Foreign Tutoring	<input type="checkbox"/> Reading
<input type="checkbox"/> Small-group Supervision	<input type="checkbox"/> Learning Disabilities	<input type="checkbox"/> Tutoring	<input type="checkbox"/> Math
<input type="checkbox"/> Enrichment	<input type="checkbox"/> Library	<input type="checkbox"/> Clerical	<input type="checkbox"/> Other _____

Check grade level which interests you: K-2 \_\_\_\_\_ 3-6 \_\_\_\_\_ Middle \_\_\_\_\_ Senior High \_\_\_\_\_

**Check days and hours you can serve:**

	Morning	Afternoon	Evening		Morning	Afternoon	Evening
Monday	_____	_____	_____	Thursday	_____	_____	_____
Tuesday	_____	_____	_____	Friday	_____	_____	_____
Wednesday	_____	_____	_____				

**School or area to which you would like to be assigned** \_\_\_\_\_

Special Interests \_\_\_\_\_

Special Talents \_\_\_\_\_

I agree to operate under and in accordance with the policies of the Denver Public Schools while performing my duties as a school volunteer and to limit my discussion of confidential information to the professional staff only. I further affirm that the information I have provided is complete and valid to my best knowledge.

Signed \_\_\_\_\_

-----**To Be Completed By School Official**-----

Interviewed by: \_\_\_\_\_ Organization \_\_\_\_\_ Date \_\_\_\_\_

School assigned to: \_\_\_\_\_ Date of assignment \_\_\_\_\_

Approved: Principal \_\_\_\_\_ Teacher \_\_\_\_\_

Office of Volunteer Services  
 2409 Arapahoe Street, Denver CO 80205  
 Phone 720-424-8245 Fax 720-424-8266