



Seymour Community School District, 10 Circle Drive, Seymour, WI 54165

Phone: 920 833-7199/Fax: 920 833-9376

Email: bschmit@seymour.k12.wi.us

READING PARTNERSHIP PROGRAM VOLUNTEER APPLICATION

Name: (Last) (First) (M.I.)

Phone: Email: (optional)

Address: (Street) (City) (State) (Zip Code)

Birth Date: (Month) (Day) (Year)

INFORMATION TO HELP MATCH VOLUNTEERS WITH STUDENTS

Skills/Hobbies/Interests:

Any additional information that would assist us in matching you with a student:

Student Preference: Male Female No Preference

School Preference: No preference:

Grade Level Preference (circle one): K-2 3-5 6-8 9-12 No preference

Indicate hours and days you are AVAILABLE to volunteer. You can split the hours into 1/2 hours if you need to:

Table with 9 columns (Days, 8:00-9:00, 9:00-10:00, 10:00-11:00, 11:00-12:00, 12:00-1:00, 1:00-2:00, 2:00-3:00, After School) and 6 rows (Monday-Friday).

I acknowledge that if a volunteer/student match is made for me, the Seymour Community School District will conduct a background check and a volunteer agreement will need to be signed.

Signature

Date

Please drop off application at the school office of your choice or mail to:

Seymour Community School District Attn: Betty Schmit 10 Circle Drive Seymour, WI 54165