Volunteer Interest Form

Name:_____
First Middle Last

Address:_____ City, State, Zip:_____

Phone: Day:_____ Evening:_____

Email:_____@_____

Are you currently an approved CPS Volunteer? ☐ No ☐Yes

Are you currently a CPS Parent? ☐ No ☐Yes
*(If yes, list student name(s)*_____

Are you volunteering with an organization? ☐ No ☐Yes _____

Education Level: ☐ High School/GED ☐ Some College/College Graduate

Languages you speak other than English: _____

Assignment Preferences *(if any)*:

Grade Level:	☐ Elementary School	☐ Middle School	☐ High School
Neighborhood:	1._____	2._____	
School:	1._____	2._____	

Availability:

☐ Regular School Year (Sept-June) ☐ Program/Short-term Project_____
☐ Summer School (July-Aug) ☐ Other_____

Time: *(# hours/week _____)* ***Day(s)***
☐ Morning (_____to_____) ☐M ☐T ☐W ☐TH ☐F ☐S
☐ Afternoon (_____to_____) ☐M ☐T ☐W ☐TH ☐F ☐S

I am interested in volunteering in:

☐ Tutoring	☐ Mentoring	☐ Competition Judge
☐ Fine Arts	☐ Technology Support	☐ Career Activity
☐ Visual Arts	☐ Sports	☐ After School Programs
☐ Classroom Support	☐ Student Clubs	☐ Fundraising
☐ Cafeteria/Playground/Hallway	☐ Administrative Support	☐ Chaperone

☐ Other:_____

References *(individuals unrelated to you, who know you well; e.g. employer, pastor, teacher)*
Name:_____ Phone:_____

Name:_____ Phone:_____

Candidate Signature: _____ **Date:**_____

For Office Use Only:

School Name/Principal Initials _____/_____ □ Match □ Level I

Fax form and copy of valid photo ID to (773-553-1525) or scan/email to volunteer@cps.edu and retain original.

Updated 11/14