

Alachua County Public Schools
School Volunteer Program

Application for Release Time

Name: _____ Work Phone: _____
Department/Work Location: _____
Position: _____
Supervisor: _____
School Preference: _____

If you have a child at this school and wish to volunteer in his/her class,
please state your child's name, grade and the teacher's name:

Child: _____ Grade: _____

Teacher: _____

I have arranged my placement with the school.

Preferred Grade Level: Head Start-2 3-5 6-8 9-12
 No preference; just assign me where I'm needed.

The best day and time for me to serve is:

1st choice -- Days _____ Time _____

2nd choice -- Days _____ Time _____

Please indicate the type of volunteer work you would like to do.

general classroom assistant

helping student in

reading

language arts

math

science

computer

social studies

art

music

physical education

serving as a Rockin' Reader

other (specify) _____

For office use only

Supervisor's Signature _____ Date _____

Approval granted for period of time from _____ to _____ (dates).

If you need additional information or clarification
call the School Volunteer Office at 955-6760

Please send this form via Truck Mail to School Volunteer Program, Servin Building.