



**Volunteer Information Form**

Teacher/Staff \_\_\_\_\_

Hours \_\_\_\_\_

Name Mr. Mrs. Miss Ms. \_\_\_\_\_  
Last First Middle

Address \_\_\_\_\_  
Street City Zip

**Phone**

**Email**

**Location Preferences**

Do you have children attending Newport News Public Schools? Yes No

If yes, please indicate below:

School Grade  
School Grade  
School Grade

If no, please select **two** location preferences.

First choice:

Second choice:

Do you have specific training as a volunteer reading tutor? Yes No

**Available times to volunteer** (Please indicate below):

	Monday	Tuesday	Wednesday	Thursday	Friday
Morning Hours					
Afternoon Hours					

Exceptions to available hours (ex: every other week, once a month):

**Grade Level:** K-2 3-5 6-8 9-12

**Areas of Preference**

(please select all that apply):

- One-to-One
- Reading
- Health Services
- Small Group
- Math
- Science
- Art
- Other:

- Office Volunteer
- Library Volunteer
- Mentor
- Tutor
- Publications
- Classroom Volunteer
- Preparing Instructional Materials
- Other:

After completing this form, please add any **background material** such as special courses taken, areas of experience, or any information that may be helpful to this program in placing you in volunteer work, which will be a rewarding experience for you as a volunteer, thus, providing an enrichment program for the school. Please share this information below:

By checking this box, I hereby allow Newport News Public Schools to perform a check of my background, as appropriate for the volunteer jobs in which I have expressed an interest. I understand that I do not have to agree to this background check, but refusal to do so may exclude me from consideration for some times of volunteer work.