



59 COURT STREET B17, WESTFIELD, MA 01085
 TELEPHONE: 413-572-6345
vips@schoolsofwestfield.org

VOLUNTEER APPLICATION

Mr. Mrs. Ms. _____ Phone: _____
 (Please circle one) (LAST Name) (FIRST Name)

Mailing Address: _____

Email Address: _____ Cell Phone: _____

May we send you email notices of occasional potential new opportunities to volunteer Yes No

CURRENT STATUS: Parent/Family Member (School Child attends: _____)
 Student Retired Community Member Employee Release

IF STUDENT: School attending: _____ Year of graduation: _____

Circle reason for volunteering: Work Study Internship Community Service Student Teaching/Obs.
 Students check if need assistance in finding an assignment: _____

COMPLETE THIS PORTION IF INTERESTED IN VOLUNTEERING FOR SPECIFIC EVENTS

ROAR (biannual read aloud) Field Trip Chaperone Field Day Book Fair Other: _____

COMPLETE THIS PORTION IF INTERESTED IN VOLUNTEERING ON REGULAR (WEEKLY) BASIS

SKILLS/INTERESTS: _____

Other Languages other than English you are fluent in: _____

TYPE OF VOLUNTEER WORK PREFERRED: K-2 3-5 6-8 9-12

Reading Tutor Math Tutor Library Assistant PTO/PTSO/PTA

Door Greeter Lunch Monitor Enrichment Facilitator Other: _____

School Preferred _____ # of hours per week you would like to volunteer: _____

FILL IN PREFERRED DAYS AND INDICATE HOURS OF AVAILABILITY:

HOURS	Mornings	Afternoons
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		

“THE APPLICANT UNDERSTANDS, ACKNOWLEDGES, AND AGREES THAT HE/SHE IS AN INDEPENDENT CONTRACTOR AND THAT NO EMPLOYMENT RELATIONSHIP IS CREATED BY VIRTUE OF THE APPLICANT’S SELECTION AND SERVICE AS A VOLUNTEER TO THE WESTFIELD PUBLIC SCHOOLS OF WESTFIELD, INC.” “THE APPLICANT ALSO AGREES THAT HE/SHE WILL HOLD HARMLESS AND INDEMNIFY THE CITY OF WESTFIELD, WESTFIELD SCHOOLS AND VOLUNTEERS IN PUBLIC SCHOOLS OF WESTFIELD, INC. FROM ALL CLAIMS FOR DAMAGES ARISING OUT OF OR IN CONNECTION WITH HIS/HER VOLUNTEER SERVICE TO THE CITY OF WESTFIELD, WESTFIELD PUBLIC SCHOOLS AND VOLUNTEERS IN PUBLIC SCHOOLS OF WESTFIELD, INC.”

 SIGNATURE OF APPLICANT OR APPLICANT’S PARENT/GUARDIAN, IF MINOR DATE

FOR OFFICE USE ONLY
 TRAINING DATE _____ CORI DATE SUBMITTED _____ CORI STATUS RECEIVED _____