

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

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 352-955-7250, ext. 252
Please send this form via Truck Mail to School Volunteer Program, Horizon Center.