



**Cleburne Independent School District
Volunteers In Public Schools
Participant Information Form**

Name _____ Campus/Campuses _____

Address _____ Phone _____

Email _____

Experience with Children _____

Years in Cleburne VIPS _____ I speak a second language (specify) _____

I would like to volunteer:

I am available: (Circle)

Library _____ Lunch Room _____

M T W T H F AM/PM

Reading Buddy _____ Mentor _____

1 Hour 2 Hours 3 Hours

Duplicate Materials _____

Tutor: Math _____ Reading _____ Other _____

I _____ acknowledge receipt/have made myself familiar with the Cleburne ISD Volunteers In Public Schools Handbook. I understand the rules and guidelines of the VIPS program and will abide by these standards. I understand the expectations relating to my role as a school volunteer.

Signature of Volunteer

Date

Please return to: Lisa Magers, CISD Director of Community Relations

505 N. Ridgeway, Suite 100 Cleburne, TX 76033 817-202-1127/lmagers@c-isd.com