	-Mar Volunteer Application	School Year:
Please Print Name:		Birthdate:
(Last)	(First)	
Address:		
(House # & Street)	(City) (State)	(Zip)
Phone:	_ Cell Phone:	
Email address:		
	ne school(s) you are interested in volunteer	ing at.
Bowman Woods	Excelsion (6-8)	
Echo Hill	Oak Ridge (6-8) Linn-Mar High School	
Linn Grove		
Novak	Check below to share your i	nformation to
Westfield Wilkins	Linn-Mar Booster Club	
If you have children attending Linr homeroom teacher(s) (if known) fc Student 's name(s)		ase list their name(s), grade level(s), and If known at this time Homeroom Teacher in 18 -19
Do you have younger children that a	re not yet in school? Yes	No
Have you ever been charged v	vith or convicted of any crime other	than a traffic violation?
	ttach a complete explanation on a s	
	Yes	No
l certify under penalty or periu	iry and pursuant to the laws of the S	tate of lowa that all
information supplied above is		
Date		ire of Registrant)
	(Signate	
	ist be provided each school yea / Schools may request additional inf	
Community Relations Use Only		
Contacted	Thank you for your interest in the Volu first step in becoming an active volu	nteer Program at Linn -Mar. This is the nteer. Please contact the Community
Interviewed	Relations Office, 319 -447-3110, to	set up your one on one session to learn
Researched	more about the program.	
הכזכמו נוופט		
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