

WIN Applications

Read the following options and select ALL that apply to you with a check mark. These forms will help us to better serve you by placing you in areas of your interests and strengths. It is also important that you specify with clarity what your availability is by month, days, and time so that we can interview you for service hours.

- | | | |
|---|---|---|
| <input type="checkbox"/> Music | <input type="checkbox"/> Sports | <input type="checkbox"/> Homework Aide |
| <input type="checkbox"/> Singing | <input type="checkbox"/> Basketball | <input type="checkbox"/> Office Aide |
| <input type="checkbox"/> Writing | <input type="checkbox"/> Soccer | <input type="checkbox"/> Organization |
| <input type="checkbox"/> Reading | <input type="checkbox"/> Baseball | <input type="checkbox"/> Teacher Aide |
| <input type="checkbox"/> Art | <input type="checkbox"/> Volleyball | <input type="checkbox"/> Planning Events |
| <input type="checkbox"/> Drawing | <input type="checkbox"/> Dance/Cheer | <input type="checkbox"/> Hosting/Greeting |
| <input type="checkbox"/> Crafts | <input type="checkbox"/> Hiking | <input type="checkbox"/> Cleaning Crew |
| <input type="checkbox"/> Cooking | <input type="checkbox"/> Gardening | <input type="checkbox"/> Technology |
| <input type="checkbox"/> Foreign Language | <input type="checkbox"/> Health & Fitness | <input type="checkbox"/> Mathematics |

Please fill in the times your schedule will be open for service during this year.

Availability	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
Quarter/ Cycle 1					
Quarter/ Cycle 2					
Quarter/ Cycle 3					
Quarter/ Cycle 4					

Parent Signature _____ Date _____

Student Name _____ Grade _____ Date _____

Phone Number _____ Email _____