



After-School Volunteer Teacher Program Application/Contract

Greater Lansing Islamic School (GLIS) is looking for individuals from the community to volunteer their time to work with our students in helping to enhance their educational experience.

Please fill out the pertinent portions of the following application and either **return** it to the school office or **mail** it to the following address:

The Greater Lansing Islamic School
940 S. Harrison Road
East Lansing, MI 48823

OR

Fax to: (517) 332-7666

We would like to thank you in advance for your time and effort in helping our students achieve academic excellence to their fullest potential.

Full Name	
Phone No.	<input type="checkbox"/> Home or <input type="checkbox"/> Cell
Emergency Contact*	
Phone No.	

Address 1	
Address 2	
City, State, ZIP	
Email Address	

* Person to be notified on your behalf in case of an emergency

Education:	<input type="checkbox"/> High school Student <input type="checkbox"/> High School Graduate <input type="checkbox"/> College Student <input type="checkbox"/> College Graduate <input type="checkbox"/> University Student <input type="checkbox"/> University Graduate
Prior Teaching Experience	<input type="checkbox"/> None <input type="checkbox"/> Yes [If "Yes", please explain: _____]
Prior Volunteer Experience	<input type="checkbox"/> None <input type="checkbox"/> Yes [If "Yes", please explain: _____]

Check the subject(s) you prefer to teach:	<input type="checkbox"/> English <input type="checkbox"/> Arabic <input type="checkbox"/> Science <input type="checkbox"/> Math <input type="checkbox"/> Reading <input type="checkbox"/> Writing
Check the weekday(s) you are available for at least 1-hr.*	<input type="checkbox"/> Tuesdays <input type="checkbox"/> Thursdays
Check the grade level(s) you would prefer to work with:	<input type="checkbox"/> 1st-2 nd <input type="checkbox"/> 3 rd -4 th <input type="checkbox"/> 5 th -6 th <input type="checkbox"/> 7 th -8 ^t

* If you are only available for a limited time (for example "I am only available from March until July), let us know so that we can work around your schedule

Please list 2 Personal References (*Do not include relatives or former employers*)

Reference #1	Name:	Phone Number:
Reference #2	Name:	Phone Number:

By signing below, you are agreeing to the following statements:

- I have read, and understand contents of the document titled "GLIS After-School Volunteer Responsibilities"
- I have the desire & patience to work with children & to facilitate their physical, social and psychological development
- I will be a good role model for the children, their parents and my fellow colleagues
- I will be punctual and professional in conducting my volunteer duties
- If I am unable to volunteer on a certain day due to unforeseen reasons, I will promptly contact the administration and assist with arranging for a replacement or backup teacher
- I will communicate problems, suggestions or concerns to the administration in an honest and timely manner
- I have **NOT** been convicted of a felony or misdemeanor.

Name: _____ Date: _____ Signature: _____