



HAWK HELPER APPLICATION

2019-2020 School Year

Name: _____ Date: _____

Grade: _____ School: _____

Phone Number: _____ Email: _____

Parent Name: _____ Phone Number: _____

GPA: _____ Extra-Curricular Activities: _____

I want to work with students at Crystal Lake Elementary because:

I am a positive role model because:

Please describe any experiences you have had working with younger children:

Days I'm available from 7:30-8:00 AM (Circle all that apply.)

MONDAY TUESDAY WEDNESDAY THURSDAY FRIDAY

I am interested in (select all that apply):

____ Quarter 1 ____ Quarter 2 ____ Quarter 3 ____ Quarter 4 ____ Full Year

How will you be able to get to Crystal Lake Elementary on the days you are helping?

____ My parent will provide transportation. ____ I will drive myself.

____ Other. Please Explain: _____

Please consider me as a Hawk Helper:

Signature: _____ Date: _____