

Read with Me 2009-2010

**400 Main St. Ste. 615
Knoxville, TN 37902
215-4770
FAX 215-2002**

Personal Information

Name
First Middle Initial Last

Birth Date
Mo./Day/Yr.

Drivers License # State

Contact Information

Mailing Address

Home Phone Work Phone

Cell Phone Fax

E-Mail Address

School Choice

Choice #1
School (see map)

Choice #2
School (see map)

**I understand that by applying to volunteer in Knox County Schools,
I will be subject to an investigation to determine suitability. By submitting this
information, I UNDERSTAND THAT I AM CONSENTING TO A CRIMINAL BACKGROUND
CHECK.**

Signature _____