



## 2025 ADOPTER APPLICATION

### INFORMATION:

Organization or Business Name: \_\_\_\_\_

Primary Contact: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

### Name & Email of each additional volunteer who will participate in campus activities:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

\*if additional space is needed, please use back of form or email [rlockridge@wisd.org](mailto:rlockridge@wisd.org)

### PREFERENCES:

**Do you have preferences regarding placement with a certain campus, teacher, or grade level (1st-5<sup>th</sup>)?**

\_\_\_\_\_ No. I am willing to serve wherever I am needed.

\_\_\_\_\_ Yes. I prefer placement at the following campus: \_\_\_\_\_

\_\_\_\_\_ Yes. I prefer placement with the following teacher: \_\_\_\_\_

\_\_\_\_\_ Yes. I prefer placement with the following grade level: \_\_\_\_\_

\_\_\_\_\_ Yes. I prefer placement in a dual-language classroom.

\*We will do our best to honor all requests, but we cannot guarantee placement.

**Do you have any preferences regarding your involvement in the classroom?**

\_\_\_\_\_ No. I am willing to help wherever the teacher needs me.

\_\_\_\_\_ Yes. I prefer to help with the following activities:

_____ Tutoring	_____ Reading to the Class	_____ Classroom Parties
_____ Supply Prep	_____ Take home projects	_____ Filing/Organization
_____ Door greeter	_____ Other: _____	

### COMMITMENT:

I have read the Standards of Commitment and am excited to partner with WISD by adopting a classroom for the 2025-2026 school year. I will follow the guidelines set forth in the Volunteer Guide and will keep an open line of communication with my Teacher. I understand that all representatives from my organization must clear a background screening prior to entering the classroom.

Signature: \_\_\_\_\_ Printed Name: \_\_\_\_\_

Title: \_\_\_\_\_ Date: \_\_\_\_\_

**Please return completed form to: [rlockridge@wisd.org](mailto:rlockridge@wisd.org)**