





Contact Information					
Name					
Street Address					
City ST ZIP Code					
Home Phone					
Work Phone					
E-Mail Address					
During which hours are you available for volunteer assignments?					
Mornings Afternoons					
No. of Hours Available:					
MonTuesWedThurFri					
Mark the areas of your Volunteer interests:					
Administrative Help/Clerical Classroom Assistant/Helper Playground/Cafeteria Aide Custodial/Maintenance Reading/Math Tutor Science/Experiments After School Program Field Trip Chaperones Library Aide Arts & Crafts PE/Sports/Exercise Family Night Programs Fundraising/Grant writing Special Events Donations Special Skills or Qualifications Summarize special skills and qualifications you have acquired from employment, previous volunteer work, or through other activities, including hobbies or sports.					
Previous Volunteer Experience					
Describe any previous volunteer experience, interests, or training.					

References				
Name	Title	Relationship to You	Phone Number	Years known to you
Person to Notify in	Case of Emer	gency		
Name				
Street Address				
City ST ZIP Code				
Home Phone				
Work Phone				
E-Mail Address				
termination from the staff). CRIMINAL RECOR Answering "Yes" to of the offense, serio All volunteers are volunteering.	tentional or involute volunteer programmer programmer. RD: the following questions and nature required to programmer.	untary violation of confidentiality ma am and/or legal action by others (i.e stion does not constitute an automa e of the violation, rehabilitation and ovide a current "Finger Print Cle	e. students, families of s tic bar to volunteering. position applied for wil arance" card as cond	Factors such as date be taken into account.
Have you ever plead	ded "guilty" or "no	contest" to, or been convicted of a	crime? YES	NO
If yes, please provid	le dates and detai	ils:		
	tatements contair	oresented in this application is true, ned herein, including reference chec ng a reason.	•	
Signature of Applica	nt			