



Date: _____

Volunteer Application (Summer)

Name: _____ M F Date of Birth: _____ Age: _____

Address: _____ City, State, And Zip: _____

Telephone: (H) _____ (W) _____ (C) _____

Email Address: _____ T-shirt size _____

Parents Email Address (if minor): _____

Emergency Contact: _____ Phone #: _____

Have you ever been arrested or convicted? _____ If yes please explain: _____

Name of school or employer: _____

Are you volunteering for School Community Service? _____ What organization? _____

Are you interested in volunteering during the: School year _____ Summer _____ Both _____

How many hours do you need to complete? _____ By what date? _____

Circle or Write In Availability:

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
10am-2pm	10am-2pm	10am-2pm	10am-2pm	10am-2pm	10am-2pm	x
1pm-5pm	1pm-5pm	1pm-5pm	1pm-5pm	1pm-5pm	1pm-5pm	1pm-5pm

What date can you start? _____ How did you hear about our volunteer program? _____

What other volunteer or community activities are you involved in? _____

Please list any experience you have working with children: _____

Special Skills/Interest: _____

Please list two references (professional, associates, teacher/advisors)

Name Phone Relationship Years Acquainted

1. _____

2. _____