



School Information:

Volunteer Application Form

Name _____
Address _____
Phone (home) _____ (work/cellular) _____
E-mail (optional) _____ Date of Birth _____
Emergency Contact: Name _____
Phone _____ Relationship _____
Do you require any special accommodations in a work environment? Yes No
If yes, please describe. _____

Please indicate what type of volunteer opportunity you are seeking:

- ___ Academic assistance (i.e. one to one tutor, small group support, classroom assistance)
- ___ Curriculum enrichment (i.e. drama, arts & crafts, music)
- ___ Working with Special Populations (i.e. Special Education, English as a Second Language, gifted students)
- ___ Clerical / Non Academic Support (i.e. lunchroom or playground supervision, office support, library support)

In order to make an effective match for you, it is important for us to know of any special skills or talents you would like to bring to your volunteer work. If so, please describe.

Is there a particular school you are interested in working in? If so, please indicate.

If not, please indicate what school environment you are interested in working in.

- ___ Preschool / Head Start Program
- ___ Elementary School
- ___ Middle School
- ___ High School
- ___ Alternative Program
- ___ After School Program

Please indicate what days and times you have available.

Day (or days) _____
Optimal time _____

Please submit this form to the school where it will be kept on file.