



VOLUNTEER APPLICATION

*In order to be eligible for Volunteer Services, the following must be completed:
3 References, Medical Release Statement, BCI & FBI Background (at your own cost)*

PERSONAL INFORMATION

First Name: _____ Last: _____ MI: _____
Today's date: _____ DOB: _____ - _____ - _____
Address: _____ Phone Number: () _____
City: _____ State: _____ Zip: _____

WORK/VOLUNTEER HISTORY (START WITH MOST RECENT)

Name of present/last employer or volunteer project: _____
Start Date: _____ End Date: _____ Supervisor's Name: _____
Description of work: _____

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VOLUNTEER EMPLOYMENT INFORMATION

I wish to begin my volunteer services on: _____ to _____
Date Date

Please state below day(s) and time(s) available for volunteer service: (if not available mark 'NA')

Monday Tuesday Wednesday Thursday Friday

Volunteer Service Preference (Please check one): Clerical Classroom Food Service

Parent/Guardian Signature for permission to volunteer: _____
Parent or Guardian Signature (circle one)

EMERGENCY CONTACT INFORMATION

Name: _____ Relationship: _____
Address: _____
City: _____ State: _____ Zip: _____
Home Phone Work Phone