

Volunteer Application Form

Name:					
		(Cell):			
E-mail:					
() to satisfy scho number of ho () to become a r () other, please	explain				
If currently in hig	h school, please list	name of school ar	nd grade:		
School:Grade:					
Volunteer Information Have you ever vo	mation olunteered before? _	If so, where	e?		
Supervisor: Contact info:					
Brief description	of duties:				
Please note any skills, abilities or interests:					
Physical Requirements Volunteer duties may require bending, reaching, light lifting, standing, etc. Please list any physical limitations that we should know about:					
Availability Please list times	s that you are avail	able:			
Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Person to Contact in Case of Emergency					
Name: Phone Number:					
I have read the V	olunteer Policy and	agree to abide by	the requiremen	ts if selected. ()	
Signature of Applicant: Date:					
For Staff Use On	ly: Volunteer start d	ate			