



Volunteer Application

Date _____

First Name _____

Last Name _____ Middle Initial _____

Address _____

City _____ Postal Code _____

Home Phone _____ Cell Phone _____

Email _____

Emergency Contact _____ Relationship _____

Emergency Contact Phone Number _____

Do you have a valid Driver's License _____ YES _____ NO

If yes, which class: _____ G1 _____ G2 _____ G

Do you have experience working with children or volunteering? If so, where?

List some of your interests, hobbies, and skills (i.e. tutoring, arts/crafts, helping children read, etc.)

Please list days and times when you are available.
