



STUDENT INTERN/VOLUNTEER FORM

Date _____

Name _____

Age _____ 13 - 17

Address _____

City _____ State _____ Zip _____

Phone _____ Cell _____ Email _____

School you attend _____

Season(s) involved in sport, or which months are you not available to volunteer?

Which day/s are you available to volunteer? Check all that apply:

Learning Center

- Mon 3:30 – 5pm Tues 3:30 – 5pm Wed 3:30 – 5pm
 Thurs 3:30 – 5pm

Saturday Program

- Sat 9am – 12:45pm

Please indicate if you would be interested/available to assist with the following:

Would you be available to assist on additional days if needed? yes _____ no _____

Would you be available to assist with holiday parties or special events?
yes _____ no _____

Would you be available to chaperone/assist with field trips? yes _____ no _____

Do you have a special talent, skill, or hobby you would like to share with the children?
yes _____ no _____

If so, please list:

References: (2) (can not be family member or friend)

Name _____ Phone Number _____

Address _____

City _____ State _____ Zip _____

Name _____ Phone Number _____

Address _____

City _____ State _____ Zip: _____

Previous Volunteer Experience:

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Volunteer duration: _____

Previous Volunteer Experience:

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Volunteer duration: _____

Emergency Contact Information: Who would you like us to contact in the event of an emergency?

Name _____ Relationship _____

Phone # _____

Additional Phone # _____