



STUDENT VOLUNTEER FORM Date: _____

Name: _____

Age: _____ Date of Birth: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ 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 _____

Do you have a special talent, skill, or hobby you would like to share with the children?

yes _____ no _____

If so, please list: _____

References: (This cannot be a family member or relative)

Name: _____ Phone Number: _____

Address: _____

How long have they known you? _____

Name: _____ Phone Number: _____

Address:

How long have they known you? _____

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

Name: _____

Relationship to you : _____

Phone # : _____

Additional Phone # _____