

Volunteer Application Form

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Gender: male \_\_\_\_\_ female \_\_\_\_\_

Do you have children in the Durand-Arkansaw School District? yes \_\_\_\_ no \_\_\_\_

If yes, please list names and grades: \_\_\_\_\_

\_\_\_\_\_

In what areas/rooms and school would you like to volunteer?

\_\_\_\_\_

\_\_\_\_\_

What type of activities would you like help support?

\_\_\_\_\_

\_\_\_\_\_

Provide any previous experiences that would apply to volunteering in our schools.

\_\_\_\_\_

\_\_\_\_\_

References:

1. Name and address of recent job supervisor: \_\_\_\_\_

\_\_\_\_\_

Contact phone number: \_\_\_\_\_

2. Name and address of acquaintance: \_\_\_\_\_

\_\_\_\_\_

Contact phone number: \_\_\_\_\_