

VOLUNTEER APPLICATION

After School Program

Name _____ date _____

Phone #(s) _____ Employer/School _____

Address _____, City _____, Zip _____

Interest/Experience _____

_____ Level of Education _____

TIME AVAILABILITY

Reference:

Name: _____

Association: _____

Phone #(s) _____

Name: _____

Association: _____

Phone #(s) _____

Name: _____

Association: _____

Phone #(s) _____

	3:45 - 4:35	4:35 - 5:30
Monday		
Tuesday		
Wednesday		
Thursday		

DATES AVAILABLE

(you may check more than one)

FALL 1 AUG 25 - OCT 09 _____
FALL 2 OCT 27 - DEC 18 _____
WINTER JAN 20 - MAR 05 _____
SPRING MAR 23 - MAY 14 _____

AREA OF INTEREST

May we contact these people? _____

____ Homework Help ____ Computer Lab
____ Art Assistant ____ Special Project
____ Library ____ Youth Mentor

Your Signature _____

____ Other _____