Date_____

Volunteer Form

First Name: _____ Last Name: _____ Middle Initial: _____

Birth Date: M:_____ D:_____ Y:_____

Contact Info: Phone: ( )_____

Email: _____

Mailing Address: _____

_____

Availability: Monday __ Tuesday__ Wednesday__ Thursday__ Friday__

Hours Available Between 2:30pm – 6:00 pm _____

How often are you available? Every day, once a week, once a month, in emergencies, etc.?

_____

What area would you like to volunteer?

___ Indoor Monitor ___ Outdoor Monitor ___ STEAM Projects

___ Snack/ Meal Prep ___ Sports ___ Board Games/Cards

___ Music Lessons (what kind) _____

___ Arts and Crafts (what kind) _____

Other ways not mentioned: _____

Other Useful Information (skills, talents, interests, comments, suggestions)

Date_____

_____

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_____