



# - VOLUNTEER FORM

## STUDENTS

Name \_\_\_\_\_

Address \_\_\_\_\_

City, Zip \_\_\_\_\_

Email \_\_\_\_\_

Cell phone \_\_\_\_\_

Home phone \_\_\_\_\_

School name \_\_\_\_\_

Advisor \_\_\_\_\_ Type of receipt \_\_\_\_\_

### Days and times available:

Monday \_\_\_\_\_

Tuesday \_\_\_\_\_

Wednesday \_\_\_\_\_

Thursday \_\_\_\_\_

Friday \_\_\_\_\_

Saturday \_\_\_\_\_

Sunday \_\_\_\_\_

Areas of interest:

- Working directly with children (patient)
- Working on computer (techie)
- Making games and books (crafty)
- Working on one-time events (enthusiastic)
- Maintenance (upkeep/special projects)
- Talents to share/teach (dance, sports, etc.)
- I have possible access to these resources:

\_\_\_\_\_