



Student Volunteer Application

Contact Information

Name: _____ Age: _____ Phone: _____

Address: _____

Email Address: _____

Preferred Method of Contact: [select one] _____ phone _____ email

Emergency Contact: _____ Phone: _____

**Why do you want/need to be a volunteer?
(e.g. honor society, church group, college application)**

How many hours do you need total? _____

Tasks you would be interested in [select all that apply]

____ Cleaning/Organizing ____ Craft Preparation ____ Displays ____ Shelving

Availability (days/hours that work best for you?)

Monday	_____	Thursday	_____
Tuesday	_____	Friday	_____
Wednesday	_____	Saturday	_____

Agreement and Signature

By submitting this application, I affirm that the facts set forth in it are true and complete. I understand that if I am accepted as a volunteer, any false statements, omissions or other misrepresentations made by me on this application may result in my immediate dismissal.

Signature: _____ Date: _____