

Student Volunteer Application

Contact Information

Name:	Age:_	Phone:
Address:		
Email Address:		
Preferred Method of Contact: [select one]phor	neemail	
Emergency Contact:		Phone:
Why do you want/need to be a volunteer? (e.g. honor society, church group, college application	n)	
How many hours do you need total?		
Tasks you would be interested in [select all that app	oly]	
Cleaning/OrganizingCraft Preparation _	Displays	Shelving
Availability (days/hours that work best for you?)		
Monday Tuesday Wednesday	Thursday Friday Saturday	
Agreement and Signature By submitting this application, I affirm that the facts saccepted as a volunteer, any false statements, omissimay result in my immediate dismissal.	•	•
Signature:		Date: