



COMMUNITIES IN SCHOOLS - BAY AREA VOLUNTEER APPLICATION FORM

PERSONAL INFORMATION

First Name: _____ Last Name: _____

Address: _____

City/State/Zip: _____

Contact Phone: (_____) _____ Email address: _____

Emergency Contact – Name: _____ Phone: _____

EXPERIENCE

Have you ever worked with students before?

_____ As a Teacher

_____ As a Volunteer

_____ Other: _____

EDUCATION (Check all that apply)

_____ High School Diploma

_____ Undergraduate: _____
(Major)

_____ Graduate: _____
(Major)

_____ Other Certifications: _____

VOLUNTEER OPPORTUNITIES

In what areas are you interested in volunteering?

_____ Mentor

_____ Special Event

_____ Other: _____

_____ Tutoring

_____ After School Aide

_____ Field Trip Chaperone

_____ Clerical Assistant

On what campus/district would you like to volunteer? _____

With which grade level would you prefer to volunteer? _____

REFERENCES

Name: _____ Phone: _____

Name: _____ Phone: _____

Name: _____ Phone: _____