



VOLUNTEER APPLICATION

VOLUNTEER INFORMATION

Last Name _____ First Name _____

MI _____

Address

Phone _____

Email _____

Student Name(s) _____

AVAILABILITY

Weekdays (please indicate preference):

Mornings: Monday Tuesday Wednesday Thursday Friday

Afternoons: Monday Tuesday Wednesday Thursday Friday

How many hours would you like to volunteer? _____

Frequency (please circle choice):

Weekly, Monthly, Special Events, Whenever Needed

INTERESTS, CLUBS, SERVICE ORGANIZATIONS, ETC.

SPECIAL PROFESSIONAL TRAINING/SKILLS

EMERGENCY CONTACT INFORMATION

Emergency Contact Name _____

Phone Number _____

Relationship _____

Thank you for your interest in volunteering with Spring Education Group schools. Volunteer applications are reviewed with consideration of current volunteer opportunities.

Please be advised that volunteers may be required to complete background checks and fingerprint clearance as noted in the Volunteer Handbook.