



Together Including Every Student

[www.starbridgeinc.org/TIESProgram](http://www.starbridgeinc.org/TIESProgram)

<https://sites.google.com/view/vcstiesprogram/home>

## Student Volunteer Application

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_

Birthdate: \_\_\_\_\_ Grade: \_\_\_\_\_ School: \_\_\_\_\_

Phone Number: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

Previous Participation in Volunteer Activities: \_\_\_\_\_

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Personal Interests/Hobbies:

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Personal attributes that would contribute to your ability to provide support to a person with a developmental disability:

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What are you hoping to learn from this volunteer experience? \_\_\_\_\_

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Please share with us any information about yourself or your experiences that may be helpful: \_\_\_\_\_

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Please provide two unrelated references that we may contact:

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Phone #: \_\_\_\_\_

Phone #: \_\_\_\_\_

E-Mail: \_\_\_\_\_

E-Mail: \_\_\_\_\_

For Office Use Only

Relationship with the volunteer: \_\_\_\_\_

Relationship with the volunteer: \_\_\_\_\_

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# TIES LOGO

How long have you known the volunteer? \_\_\_\_\_ How long have you known the volunteer? \_\_\_\_\_

List characteristics of the volunteer  
(e.g.: responsible, reliable, etc.):

List characteristics of the volunteer  
(e.g.: responsible, reliable, etc.):

Do you have any knowledge of the  
volunteer's experience working with  
children? Please explain.

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**Please return completed application to:**

Erin O'Brien, VCSD TIES Coordinator

6149 Doe Haven Drive

Farmington, NY 14425

585-337-8426

[VCS.TIES.Program@gail.com](mailto:VCS.TIES.Program@gail.com)