

VOLUNTEER APPLICATION

Name:

Email Address:

Address:

City:

State:

Zip:

Home Phone:

Cell Phone:

Work Phone:

Have you been a resident of California for the past 12 months?

Yes

No

I am related to (Student Name):

I am the student's (Parent, Grandparent, Legal Guardian, Sibling, Aunt/Uncle, etc):

Reason you would like to volunteer (Include Company or District name, SCOE: Volunteer title, work location & contact person):

Volunteer Activities or Experience:

Do you hold a valid Credential/License/Permit (SLP, RN, OT, School Nurse, etc.)? If so, please list the name, document number and expiration date:

Will you be volunteering as an intern or working through a temporary agency? If so, specify which one and list the name of college/university or agency and your title:

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