

puget sound community school

660 S Dearborn St • Seattle WA 98134 • 206.324.4350

Volunteer Application

Date _____

VOLUNTEER INFORMATION

First Name _____ Last _____

Address _____

City, State Zip _____

Phone(s) Home _____ Work _____ Cell _____

Date of Birth _____ Email _____

Emergency Contact: Name _____

Phone _____ Relationship _____

Do you require any special accommodations in a work environment? Yes No

If yes, please describe. _____

VOLUNTEER TYPE AND AVAILABILITY

____ Tutorial Facilitator (i.e. math, history, drama, music, arts & crafts, etc.)

____ Board Member

____ Clerical / Non Academic Support (i.e. office support, library support)

____ Driver (i.e. field trip)

Please indicate what days and times you have available. _____

VOLUNTEER REFERENCES

We take every reasonable safety precaution when placing volunteers in our school. In addition to completing a yearly Criminal History & Disclosure form, we ask that you provide us with the following information.

Are you currently employed? Yes No If yes, where? _____

Contact Name, Position and Phone _____

*Please note that you will be notified **in advance** of our intent to contact employment reference.*

Are you currently a student? Yes No If yes, at what school? _____

What is your area of study? _____

Is your volunteer work a requirement of your schooling? Yes No

If yes, please describe. _____

Have you been a volunteer before? Yes No If yes, where and describe your role. _____

Please provide us with two character references.

Name _____ Phone _____

Relationship to you _____ Length of time known _____

Name _____ Phone _____

Relationship to you _____ Length of time known _____