

The Villages® Charter School

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|-----------------------------|-----------------------------|-----------------------------|--|
| ADMIN | | SECRETARY | |
| C <input type="checkbox"/> | SO <input type="checkbox"/> | DL <input type="checkbox"/> | |
| BC <input type="checkbox"/> | HR <input type="checkbox"/> | FP <input type="checkbox"/> | |

2016-17 VOLUNTEER APPLICATION

PLEASE PRINT LEGIBLY

INTERVIEWED BY

LBLC ECC PC IC 4&5 MS HS

CV PV SV PD SD BAAL

FULL LEGAL NAME:

 Last First Middle Initial Social Security #

ADDRESS:

 Street City Zip

 Date of Birth Driver's License Number State of Issue

Previous state(s) of residence (*please list all the states that you have lived in*): _____

RESIDENCE PHONE: _____ **CELL PHONE:** _____ **BUSINESS PHONE:** _____

Do you have any health or physical restrictions or limitations? _____ Yes _____ No

If yes, please explain: _____

What languages, other than English, do you speak fluently? _____

Are you presently employed? _____ Yes _____ No If yes, please list below.

Company Name Telephone Duties performed Years

What type of volunteer work do you prefer? _____

What grade level do you prefer? _____

When are you available to assist our students? (****Please note your preferred time under preferred day of week****)

Monday Tuesday Wednesday Thursday Friday

Are you a parent/legal guardian of a student at this school? _____ Yes _____ No

If yes, then please list below:

 Student Name Grade Teacher

 Student Name Grade Teacher

 Student Name Grade Teacher