

LINKS

Looking Into the Needs of Kids and Schools



Volunteer Information

Personal Information

FULL NAME:: _____
Last M.I. First

ADDRESS:: _____
Street Address Apartment/Unit #

_____ *City State Zip Code*

HOME PHONE: () _____ ALTERNATE PHONE: () _____

E-MAIL ADDRESS: _____

NEW VOLUNTEER: _____

RETURNING VOL.: _____

Volunteer Placement Information

CURRENT OCCUPATION: _____

YOUR NEIGHBORHOOD/AREA: _____

LANGUAGES SPOKEN: _____

HOBBIES, INTERESTS, SKILLS: _____

AREA OF INTEREST AS SCHOOL VOLUNTEER: LUNCH BUDDY/MENTOR TUTORING CLASSROOM HELP
 HOMEWORK CLUB MATH READING ENGLISH LEARNERS

AVAILABILITY: MON. TUE WED THURS FRI. (MAY CHECK MORE THAN ONE)

TIME OF DAY AVAILABLE: AM. PM LUNCH AFTER SCHOOL (MAY CHECK MORE THAN ONE)

GRADE LEVEL INTERESTED IN HELPING: ELEMENTARY. JUNIOR HIGH HIGH SCHOOL

LINKS ASK A COMMITMENT OF ONE HOUR PER WEEK. IF YOU ARE AVAILABLE FOR A LARGER COMMITMENT, PLEASE INDICATE _____

ADDITIONAL INFORMATION YOU WOULD LIKE TO PROVIDE: _____

LINKS OFFICE USE ONLY:

SCHOOL PLACED:	_____
JOB/TEACHER:	_____
DAY/TIME:	_____
BACKGROUND CHK	<input type="checkbox"/>