



MONARCH
SCHOOL

Volunteer Application

Name: _____ Birth Date: _____ Gender: F M Ethnicity _____

Address: _____
Street City State Zip

Home phone: _____ Work phone: _____

Employer: _____ Title: _____

Employer address: _____
Street City State Zip

Email: _____

EMERGENCY CONTACT:

Name: _____ Relationship: _____

Address: _____
Street City State Zip

Contact phone: (____) _____ Alternate phone: (____) _____

PERSONAL REFERENCE:

Name: _____

Address: _____
Street City State Zip

Contact phone: (____) _____ Alternate phone: (____) _____

VOLUNTEER REFERENCE:

Have you volunteered in the past 2 years? (Please circle) Yes No

If yes, please provide the following information.

Name: _____

Address: _____
Street City State Zip

Contact phone: (____) _____

How did you hear about us? Check all that apply.

- Friend
- Television
- Radio
- Newspaper
- School
- Work
- Direct Mail

In what area(s) might you be interested in volunteering? (Check all that apply.)

Tutoring

- Math
- Language Arts

After-School Program

- Art
- Athletics
- Dinner

Events (e.g. Holiday party, graduations)

Fundraising

- Special Projects**
- Mentoring**
- Driver** (field trips & appts)
- Technical Support**
- Clerical/Admin. Support**
- Career Development**

My volunteer efforts: need to involve students don't need to involve students either way is ok

How much time would you like to commit? a little a lot not sure yet

If you are interested in tutoring, what age group? _____ Do you speak any other languages? _____

Will you receive school credit for your volunteer work? Yes No

If yes, what school and how many hours do you need? _____

Tell us about some of your interests and special skills? _____

Educational Background: _____

When are you available to volunteer?

- | | | | | | | | |
|---------------|----------------------------------|------------------------------------|----------------------------------|-----------------|----------------------------------|------------------------------------|----------------------------------|
| Monday | <input type="checkbox"/> morning | <input type="checkbox"/> afternoon | <input type="checkbox"/> evening | Tuesday | <input type="checkbox"/> morning | <input type="checkbox"/> afternoon | <input type="checkbox"/> evening |
| Weds | <input type="checkbox"/> morning | <input type="checkbox"/> afternoon | <input type="checkbox"/> evening | Thurs | <input type="checkbox"/> morning | <input type="checkbox"/> afternoon | <input type="checkbox"/> evening |
| Friday | <input type="checkbox"/> morning | <input type="checkbox"/> afternoon | <input type="checkbox"/> evening | Saturday | <input type="checkbox"/> morning | <input type="checkbox"/> afternoon | <input type="checkbox"/> evening |

Signature

Date

Are you a member of Rotary? Yes _____ No _____

If yes, which Club? _____

Are you a member of any other civic organizations? Please list all current.
