



# CMCSS Volunteer Interest Form

### Personal Information:

Name: \_\_\_\_\_  
First Middle Last

Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

Phone: Home: \_\_\_\_\_ Cell: \_\_\_\_\_ E-mail: \_\_\_\_\_

Other Names Used (if applicable): \_\_\_\_\_

Do you have students in this school?  Yes  No Military Connected?  Yes  No

Name _____	Teacher _____	Grade _____
Name _____	Teacher _____	Grade _____
Name _____	Teacher _____	Grade _____
Name _____	Teacher _____	Grade _____

### Day(s) you prefer to volunteer:

Monday  Tuesday  Wednesday  Thursday  Friday  Saturday  Sunday

Time available: Morning ( \_\_\_\_\_ to \_\_\_\_\_ ) Afternoon ( \_\_\_\_\_ to \_\_\_\_\_ ) After School ( \_\_\_\_\_ to \_\_\_\_\_ )

Number of hours available per week: \_\_\_\_\_

Languages you speak other than English: \_\_\_\_\_

Have you ever volunteered with children before?  Yes  No

### I am interested in volunteering in:

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Tutor (specify subject) _____ | <input type="checkbox"/> Related Arts (specify) _____ | <input type="checkbox"/> Sports (specify) _____ |
| <input type="checkbox"/> Mentor                        | <input type="checkbox"/> Library                      | <input type="checkbox"/> Landscaping/Gardening  |
| <input type="checkbox"/> Administrative Support        | <input type="checkbox"/> Career activities            | <input type="checkbox"/> Field Day              |
| <input type="checkbox"/> Cafeteria assistance          | <input type="checkbox"/> Other: _____                 | <input type="checkbox"/> Other: _____           |

**FOR OFFICE USE ONLY**

Driver's License Verified:  Yes  No

Volunteer Orientation Completed: \_\_\_\_/\_\_\_\_/\_\_\_\_

Volunteer Agreement (SAF-F029) Completed: \_\_\_\_/\_\_\_\_/\_\_\_\_