



The Bridge: A School/Community Partnership

360 Lynn Fells Parkway, Melrose, MA 02176

Phone: 781-979-2299 Fax: 781-979-2285 E-mail: erubenstein@melrose.mec.edu

2011-2012 VOLUNTEER APPLICATION FOR NON-PARENT VOLUNTEERS

Please Print

Name: _____

Address: _____

Phone Number: Home: _____ Office: _____

Cell Phone: _____ E-mail Address: _____

Emergency contact: Name: _____ Phone Number: _____

For what volunteer position are you applying? _____

At which school are you hoping to work?: _____ With which grade(s)? _____

If there is a need would you be willing to volunteer at another school? _____

May we include you on The Bridge email list to tell you about additional volunteer opportunities that arise during the year? _____

Please circle the day(s) of the week that you volunteer:

Monday

Tuesday

Wednesday

Thursday

Friday

What time of day would be convenient for you? _____

Previous Volunteer Experience: _____

Employment History including a brief description of duties: _____

Why would you like to volunteer? _____

Have you special skills or interests that you would like to share? _____

Please list three references with phone numbers or email addresses whom we may contact:

How did you hear about the volunteer program? _____

Signature: _____ Date: _____