



**The Bridge: A School/Community Partnership**

**360 Lynn Fells Parkway, Melrose, MA 02176**

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**2011-2012 VOLUNTEER APPLICATION FOR PARENT VOLUNTEERS**

**(For new volunteers only. Please complete this only once and list all schools at which you plan to work.)**

**Please Print Clearly**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Numbers: Home: \_\_\_\_\_ Office: \_\_\_\_\_ Cell: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Name & phone number of a person to call should you get hurt when volunteering: \_\_\_\_\_

Child's present school, grade and teacher: \_\_\_\_\_

At which school(s) are you currently volunteering or planning to volunteer? \_\_\_\_\_

In what volunteer position(s) are you working or planning to work? \_\_\_\_\_

With what grade level(s) are you working or planning to work? \_\_\_\_\_

If you are not currently volunteering and want to be contacted about volunteer opportunities please tell us what you are interested in doing \_\_\_\_\_

May we include you on the email list to tell you about volunteer opportunities at your child's school when they arise during the year? \_\_\_\_\_

Do you have a younger child for whom you must make arrangements when you are volunteering? \_\_\_\_\_

Please circle the day(s) of the week that you currently volunteer or are able to volunteer:

Monday

Tuesday

Wednesday

Thursday

Friday

Have you any interest in learning about additional volunteer opportunities? \_\_\_\_\_

If you answered yes please indicate if you are only interested in working at your child's school or indicate at what other school(s) you might be interested in volunteering. \_\_\_\_\_

Previous Volunteer Experience: \_\_\_\_\_

Employment History: \_\_\_\_\_

Have you special skills or interests that you are willing to share? \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_