

High School Volunteer Application

Name: _____ Date: _____
(Last) (First) (Middle)

Home Address: _____ City: _____ Birthday (MM/DD): ____ / ____

Zip: _____ Home Phone: _____ E-mail: _____

Emergency Contact: _____ Home Phone: _____

Name of School: _____

Address: _____ City: _____ Zip: _____

Phone: _____ Current Grade Level: _____

Volunteer or Work Experience: _____

Other Spoken Languages: _____

Interests/Skills: _____

Which days would you like to work? (Please check all that apply)

T W Th F Sa Su

Would you prefer to work in the morning, afternoon, or no preference? _____

Is anyone in your family a member of the Autry? _____

How did you become interested in the Autry: _____

Why would you like to volunteer at the Autry? _____

Will you be able to attend the required classes and orientations? _____