

Sonshine Christian Academy

Volunteer Application

Please Print



First Name: _____ Last Name: _____

Address: _____

Birth Date: _____ Gender: M/F Social Security #: _____

Telephone #: _____ Spouse's name _____

Physical Limitations: No / Yes (If yes, Please Explain)

Education (highest level completed)

High School College Business Graduate School Technical/Vocational

Former work/occupation _____ Most recent employer (optional)

List previous volunteer experience _____

Skill (List your skills and indicate proficiency level) Skilled Can Teach

1. _____
2. _____
3. _____

Volunteer availability: (Circle all applicable)

Monday		Tuesday		Wednesday		Thursday		Friday	
AM	PM	AM	PM	AM	PM	AM	PM	AM	PM

Placement Information: The following information will allow us to match your expertise, interest, and skills with staff requests for volunteers. It will also assist us in recognizing your volunteer efforts.

Location Preference _____ Grade Level(s) Preferred _____

Please indicate below which category(s) you prefer to volunteer:

___ Classroom Volunteer – subject(s) preferred _____

- | | | | | |
|----------------|---------------------------|--------------------|-------------|--------------|
| ___ Art | ___ Special Events | ___ Office Support | ___ Science | ___ Science |
| ___ Mentor | ___ Library | ___ Computer | ___ Tutor | ___ Clerical |
| ___ Playground | ___ Enrichment Activities | | | |

Volunteers hereby agree to serve any client who is assigned regardless of race, sex, creed or national origin.

 (Signature/Volunteer)

 (Date)