

THE SCHOOL DISTRICT OF ESCAMBA COUNTY
Community Involvement
30 East Texar Drive, Pensacola, Florida 32503
Phone: (850) 469-5676 or (850)469-5675
FAX: (850) 469-5335

SCHOOL VOLUNTEER APPLICATION

2020-2021 School Year

Screening Date _____

Instructions: Please complete this form, so that we may have sufficient information on your experiences and background to provide the best match possible. Thank You.

| | | |
|---------------------|---------------------|-------------------------|
| Name (Please Print) | Military Rank/Title | Volunteer Training Date |
|---------------------|---------------------|-------------------------|

| | |
|-----------------|----------------|
| Mailing Address | City/State/Zip |
|-----------------|----------------|

| | |
|---------------------|------------|
| Place of Employment | Occupation |
|---------------------|------------|

| | |
|--|--|
| Primary Phone: Work <input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> | Alternate Phone: Work <input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> |
|--|--|

| | | |
|--|---------------|--------------------------|
| Age: Under 21 <input type="checkbox"/> 21-61 <input type="checkbox"/> Over 61 <input type="checkbox"/> | Date of Birth | Email Address - REQUIRED |
|--|---------------|--------------------------|

Personal Reference _____ Phone _____

Emergency Contact _____ Phone _____

Community Organizations (if any) _____

Education/Training _____

Interest, hobbies, sports, etc. _____

Previous volunteer experience _____

Have you been a volunteer before? YES NO

How did you hear about the Volunteer Program? _____

Why do you wish to be involved? _____

Specific school preferred? _____

Grade level preferred: Elementary Middle High Number of hours per week _____

What days are best for you? Monday Tuesday Wednesday Thursday Friday

What time of day is best for you? _____

Date _____ Applicant Signature _____