

Blue Wave After School Volunteer Application

Located: 1080 SW 11th street Mailing: PO BOX 141191
Gainesville Florida 32601 Gainesville Florida 32614

Applicant Information

First Name: _____ Last Name: _____ Middle Initial: _____ DOB: __/__/____

Current Address: _____

Phone #: _____ - _____ - _____ Email: _____

Have you ever been convicted of felony? (If yes, explain) _____

Education

School

Years attended

Middle School: _____

High School: _____

Job Experience

Employer

Dates employed

Phone #

Type of work

1. _____

2. _____

3. _____

Personal Reference (please include two current teachers, coaches, or school administrator as a reference)

Name

City

Phone #

of years known

1. _____

2. _____

3. _____

Write in hours and days that you would prefer to volunteer.

Applicant Signature: _____ Date: _____