



Volunteer Application

Please print

First Name Last Name

Address Email

Home Phone Cell Phone

Date of Birth Grade School

Personal Information (please circle):

Gender: Male Female Other

Physical Limitations: Yes No Medical Conditions: Yes No Allergies: Yes No

If Yes (Please Explain)

Grade 9 - 10 - 11 - 12 / Year in College / Graduate School / Vocational / Business Professional

Profession/work experience: Most recent employer (optional)

List previous volunteer experience:

List why you want to volunteer and tell us if you are comfortable or proficient helping in a particular subject/sport or the arts

Check your interests: Homework Help Read Aloud (K-2 grades) Arts & Crafts
Sports Teaching a Specialty Other

Volunteer availability: (Circle all applicable)

I would be comfortable working with grades (K - 2) (3 - 5) (6 - 8th)

Number of Days per week Hours: 3:10-5:30pm (afterschool) 8:30-5:30pm (summer)

Monday Tuesday Wednesday Thursday Friday No Preference (circle one)

Transportation: (How you will get to your assignment)

Public Trans .Walk Bus/Van Taxi/Car Svc Car

In an emergency, notify:

First Name Last Name

Address

Cell phone home phone

Volunteers (18 & over) hereby agree to background check required by lighthouse.

(Signature/Volunteer)

(Signature/Staff)

(Date)

Email completed application to michele.dias@bridgeportct.gov (Volunteer Coordinator)
Call (203)576-7252 to schedule an interview.