

YES I want to join the Rolling Readers' team by volunteering to:

(check all applicable):

- READ ALOUD TUTOR READING COORDINATE FUNDRAISER
 MAKE CONTRIBUTION SPECIAL EVENTS RECRUIT VOLUNTEERS
 SORT/LABEL BOOKS SECURE GIFT FOR DOOR PRIZE/SILENT AUCTION

VOLUNTEER APPLICATION

DATE :	DATE OF BIRTH:
NAME: _____ (First) (MI) (Last)	Gender: <input type="checkbox"/> M <input type="checkbox"/> F
ADDRESS: _____ (Street/City/State/Zip)	
PHONE: HM (____) _____	CELL (____) _____
E-MAIL _____	
EMPLOYER: _____	HOW LONG _____
ADDRESS: _____	PHONE (____) _____
REFERENCES:	
1) _____	PH(____) _____
2) _____ (Name) (Occupation)	PH(____) _____
VOLUNTEER EXPERIENCE:	
1) _____	
2) _____ (Organization) (Description) (Dates)	
PREFERENCES: (check all applicable)	
GRADES: <input type="checkbox"/> Pre-K <input type="checkbox"/> K5 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 DAY(s): _____ TIME(s): _____	
LOCATION: (Office use only)	
SITE/SCHOOL _____	Grade(s) _____

TRAINING: RA ___/___/___ TUTOR ___/___/___ **DATE BEGAN:** _____