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# ADULT VOLUNTEER APPLICATION

(Please Print)

Name: \_\_\_\_\_ Phone (Home): \_\_\_\_\_  
Address: \_\_\_\_\_ Phone (Work): \_\_\_\_\_  
City: \_\_\_\_\_ E-mail: \_\_\_\_\_  
State: \_\_\_\_\_ Zip: \_\_\_\_\_ Current Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

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Are you interested in participating as a long- or limited-term weekly volunteer?  Yes  No  
If yes, what area(s) of programming interest you most?

- Education/Tutoring
- Fine Arts/Crafts
- Sports/Fitness
- Special Events
- Campus Beautification
- Recess/Lunch Monitoring
- Teacher Helper
- Marketing
- Bake Sale
- Parent Education Night
- Fundraising

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Please fill in the days and times that you are available to volunteer.\*

	Monday	Tuesday	Wednesday	Thursday	Friday
Times					

Total number of hours each week you are available to volunteer: \_\_\_\_\_

Estimated length of commitment (e.g. 3 months, 6 months, indefinitely, etc.): \_\_\_\_\_

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List any special skills, areas of knowledge and/or experience (including non-English languages):

\_\_\_\_\_  
\_\_\_\_\_

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List any previous volunteer experiences (include name of organization) or experience working with youth.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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What is your occupation? \_\_\_\_\_

Name and address of employer: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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Are you a College/University student?  Yes  No

Name & location of school: \_\_\_\_\_  
\_\_\_\_\_

Are you volunteering as part of a Service-Learning course or program?  Yes  No

If yes, please provide the following: Course title: \_\_\_\_\_  
Instructor's name: \_\_\_\_\_  
Instructor's phone # or email address: \_\_\_\_\_

Please provide two personal references.

Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Emergency Contact:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

How did you learn of Northstar School?

Are you volunteering as part of a corporate/community program or organization?  Yes  No

If yes, what is the name of the program/organization?

Gender:  Female  Male

**BY SIGNING THIS DOCUMENT I AM AWARE NORTHSTAR SCHOOL MAY CONTACT THE ABOVE LISTED REFERENCES. I ALSO AGREE TO SUBMIT MY FINGERPRINTS, IF REQUIRED, FOR THE PURPOSE OF A BACKGROUND CHECK AND WILL NOT ENGAGE IN ANY UNSUPERVISED VOLUNTEER ACTIVITIES PRIOR TO THE COMPLETION OF THE CHECK.**

Applicant Signature:

Date:

**PLEASE RETURN COMPLETED APPLICATIONS TO:**

Site Address: Northstar School  
24823 Soto Road  
Hayward, CA 94545

Mailing Address: Northstar School  
249 W. Jackson St. #514  
Hayward, CA 94545