

Application Instructions: Save application and label it Volunteer Application-Your Name.
Email completed form to volunteerinfo@cscwa.org

Community Schools Collaboration
Volunteer Application

Name

First

Middle Initial

Last Name

Address

Street

City

State

Zip

Contact

Email

Phone (Home)

Phone (Cell)

DOB

Male Female

Ethnicity:

White/Caucasian African American Asian/Asian American Latino

Pacific Islander or Hawaiian African European Middle Eastern

Multiracial Other _____

I choose not to answer

Language(s) Spoken:

English Spanish Somali Bosnian Russian

Vietnamese Samoan Other _____

Emergency Contact Information (who we should contact in case of an emergency)

Name

First

Last

Contact

Email

Phone (Home)

Phone (Cell)

Picture Release: I give my permission for photos or video of me to be taken during CSC Afterschool Program for publicity or news purposes. *IF you **DO NOT** want pictures taken initial here _____

CSC After School release: Please sign below (please attach special notes, if necessary).

By signing the below, I hereby waive and release any and all rights and claims that may be had or might arise against the Community Schools Collaboration, rental agencies, agents, or representatives for any and all losses suffered in connection with the programs sponsored or co-sponsored by the Community Schools Collaboration. The Community Schools Collaboration is not responsible for personal articles lost or stolen. I give the Community Schools Collaboration partners the worldwide, irrevocable, royalty-free rights to record, copy and use my statements, voice, likeness, and name to produce, copy, transmit, distribute, and exhibit by way of broadcast, cablecast, video, film, electronic presentation, CD-ROM or any other transmittal means existing now or in the future for publicizing Community Schools Collaboration partners' work or for fundraising reasons. I authorize Community Schools to run a WATCH Washington State Background Check.

Signature

Date

Community Schools Collaboration
Volunteer Interest Survey

Name

_____ *First*

_____ *Last*

I am interested in volunteering with

Elementary

Junior High

Senior High

At (list school(s)) _____

I am interested in the following subject areas:

Science

Math

Reading

English

Technology/Communications

Bilingual Reading Groups

Community or Health Outreach

Special Events

Availability (Afterschool programs run Mon.–Thurs. -times vary depending on location – 2:30-6pm)

Monday

Tuesday

Wednesday

Thursday

1-2 Hours

3-4 Hours

Length of Commitment

School Year (Afterschool program runs October-June)

Other _____

Other information you wish to provide