

Jr. Volunteer Application

(please print clearly)							
First Name			_ast Name				
Email address		Ph	one				
Preferred contact method (check one)							
Birth date	School Attending _						
Counselor's Name		Graduation Year					
Jr. Volunteer shift times are as follows	(you will work the	same	shift ever	y week):			
Monday through Friday 3:30 -	- 6:00 pm						
Saturday 9:00 – 11:30 am, 11	:30 am – 2:00 pm,	1:30 -	- 4:00 pm				
Sunday 11:00 am – 1:30 pm, 1	1:30 – 4:00 pm						
Please circle all of the days and times	you <u>ARE AVAILABLE</u>	to vo	lunteer:				
Monday Tuesday V	Vednesday	Thu	rsday	I	Friday		
Saturday 9:00-11:30 Saturday 11:30 – 2:0				Saturda	y 1:30 – 4:	00	
Sunday 11:00 – 1:30 S	unday 1:30 – 4:00						
Please list any athletic or extra curricu	lar activities that yo	ou part	ticipate in	, and the	season the	y occur:	
Activity			Season (circle all that apply)				
		_ fall	winter	spring	summer	year-round	
		_ fall	winter	spring	summer	year-round	
		_ fall	winter	spring	summer	year-round	
(students in more than one seaso	n of sport or activit	ty are ι	ısually se	lected for	weekend s	hifts only)	
I understand that volunteering for Nor understand a letter of recommendation		•	•		•		
Applicant's Signature:			Date:				