

CITY ACADEMY VOLUNTEER APPLICATION

Biographical Information (Please print clearly)

Last Name: _____

First Name: _____

Address: _____

City : _____ State: _____ Zip: _____

Work Phone: _____

Home Phone: _____

Email: _____

Areas of Interest (Please circle all that apply)

Sports

Instructional Athletic Activities

Art

Music

Fundraising

Administrative Support

Classroom Assistant

Computer Support

Computer Training (Instructional)

Web Development

After School Activities

Café Assistant

Field Trip

Library

Other Areas of Interest

Preferred Schedule

Day(s): _____ Time(s): _____

Frequency of volunteer time (weekly, bi-weekly, monthly):

How did you hear about City Academy?

I promise to follow the values and the mission of City Academy and always put the students first. I promise to encourage and challenge students to the best of my ability while always guaranteeing a positive atmosphere.

Print Name

Signature Date