

**VOLUNTEER REGISTRATION FORM****PRO 5630 FORM**

Name \_\_\_\_\_ Last \_\_\_\_\_ First \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_ Street \_\_\_\_\_ City/State/Zip \_\_\_\_\_

Phone \_\_\_\_\_ YES \_\_\_\_\_ NO \_\_\_\_\_ ( circle one)  
I give my approval for Ephrata School District to conduct a WSP Crime check

Person to be notified in case of emergency \_\_\_\_\_

Phone Number \_\_\_\_\_ Cell Number \_\_\_\_\_

Do you have physical limitations that require accommodations? YES ☐ NO ☐

Please explain accommodation(s) \_\_\_\_\_

Education (circle highest grade) 5 6 7 8 9 10 11 12 College 1 2 3 4 Graduate

**WORK EXPERIENCE**

Position \_\_\_\_\_ Organization \_\_\_\_\_

Position \_\_\_\_\_ Organization \_\_\_\_\_

**VOLUNTEER EXPERIENCE**

Kind of Service \_\_\_\_\_ Organization \_\_\_\_\_

Kind of Service \_\_\_\_\_ Organization \_\_\_\_\_

Skills and Interest:

**TYPE OF VOLUNTEER WORK PREFERRED**Classroom Aide .... Reading ☐ Mathematics ☐ Other (specifiy) \_\_\_\_\_General Aide ☐ Office Aide ☐ Enrichment Aide (specifiy) \_\_\_\_\_Sports Coach ☐ Name of Sport(s) \_\_\_\_\_

Check days and hours you can serve

	MON	TUE	WED	THU	FRI
AM					
PM					