

H O R I Z O N S
2010 Student Volunteer Application Form

Date _____ Name _____

Address _____
Street City/Town Zipcode

Telephone _____ E-mail _____
Home Cell

Current Grade _____ School: _____

If you wish to volunteer in the HORIZONS Program, the signature of your parent/guardian is required:

Which volunteer opportunities appeal to you? (check all that apply)

- Assist during the summer program
- Fund-raising and/or assist with special events
- Clerical support for the Director's office
- New program initiatives during the school year

When do you want to volunteer? Summer Regular School Year Either/both

Please check any statements that help to describe your availability or interest

- During the school year, I am usually available M Tu W Th F
- During the school year, I am seldom available the same day every week.
- During the summer, I would prefer to volunteer full days.
- During the summer, I would prefer to work AM PM only.

Which grade level(s) would you prefer? k 1st 2nd 3rd 4th 5th 6th 7th 8th

I would prefer working one-on-one with small groups

I would like to help in the area(s) of Reading Writing Math Recreation
 Science Art Music Other: _____

What special interests, hobbies or talents do you have?

If this is your first year as a Horizons volunteer, please list an individual we may contact for a reference (e.g. Guidance Counselor, Teacher etc): _____

Name Telephone

If you are applying to volunteer in Summer 2010, please check the week(s) you are available:

July 5-9 July 12-16 July 19-23 July 26-30 August 2-6

