



VOLUNTEER APPLICATION

Please send this application or fax it to:
Marin County School Volunteers
P.O. Box 4925, San Rafael, CA 94913
Fax: 415-491-6668

PERSONAL INFORMATION

DATE: _____

Last Name First Name Middle Initial

Home Address

City State Zip Code

Home Phone Cell Phone Work Phone

Email

Place of Employment Title

Person to Contact in Case of Emergency / Relationship Phone Number

PLACEMENT PREFERENCES

___ Elementary (K-2) ___ Elementary (3-5) ___ Middle (6-8) ___ High School (9-12)

Preferred school or location Preferred days and hours Language, if you are bilingual

Most interested in helping with: ___ Reading / Writing ___ Math Other _____

Have you ever been convicted of a felony? ___ Yes ___ No

If the answer is yes, please attach a detailed explanation

Why would you like to volunteer? _____

Previous experience with students or schools? _____

Hobbies/Special Interests or Skills _____

How did you hear about Marin County School Volunteers? _____

Questions? Call us at 415-499-5896 or email us at mcsvmcoe@marin.k12.ca.us