



## Volunteer Application

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**Please print**

First Name ..... Last Name .....

Address ..... Email .....

Home Phone ..... Cell Phone .....

Date of Birth ..... - ..... - ..... Grade..... School .....

Personal Information (please circle):

Gender:            Male            Female            Other

Physical Limitations:    Yes No      Medical Conditions:    Yes No      Allergies: Yes No

If Yes (Please Explain) .....

Education (what grade are you?) .....

Grades 6 - 7 - 8 - 9 - 10 – 11 - 12 / Year in College...../ Graduate School / Vocational / Business Professional

Profession/work experience:.....Most recent employer (optional).....

List previous volunteer experience: .....

List why you want to volunteer and tell us if you are comfortable or proficient helping in a particular subject/sport or the arts

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Check your interests: .... Homework Help .... Read Aloud (K-2 grades) .... Arts & Crafts .... Sport ....

Teaching a Specialty .... Other

Volunteer availability: (Circle all applicable)

I would like to work with (grades K - 2) (grades 3 -5) (grades 6 – 8)

Number of Days per week ..... Hours: 3:15-530pm (afterschool) 8:30-5:30pm (summer)

Monday            Tuesday            Wednesday            Thursday            Friday            No Preference

Transportation: (How you will get to your assignment)

Public Trans.            Walk            Bus/Van            Taxi/Car Svc            Car

In an emergency, notify:

First Name ..... Last Name .....

Address .....

Cell phone..... Home phone.....

**Volunteers 18 and over hereby agree to background check required by lighthouse.**

.....  
(Signature/Volunteer)

.....  
(Signature/Staff)

.....  
(Date)

Email completed application to: [tammy.papa@bridgeportct.gov](mailto:tammy.papa@bridgeportct.gov) (Director) or

[michele.dias@bridgeportct.gov](mailto:michele.dias@bridgeportct.gov) (Volunteer Coordinator)

Call (203)576-7252 to schedule an interview.

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**OFFICE USE ONLY - School Year..... Summer ..... Afterschool ..... Site .....**

**Start Date ..... Fully Vaccinated .....**