

## WMAES VOLUNTEER APPLICATION 2025/2026

## \*A COPY OF YOUR DRIVER'S LICENSE MUST BE INCLUDED WITH THIS APPLICATION\*

First Name:	Middle Name:	Last Name:	
Previous names (i.e. maiden):	Race/Ethni	icity: Date of Birth:	
Home Phone:	Cell Phor	ne:	
Address:			
Emergency Contact:	Re	Relationship:	
Contact Phone #:	Alternate Phone #:		
STUDENT'S NAME:		GRADE:	
Please indicate what type of volume	nteer opportunity you are se	eeking:	
Academic Assistance (tut	oring, classroom assistance	e, etc.)	
Non-Academic Support (	playground supervision, of	fice help, lunch program, etc.)	
Field Trip/Special Event	(see below)		
Days Available:			
Times Available:			
Please list any special skills or tal	ents you would like to brin	g to your volunteer work:	
What grade level are you interested	ed in volunteering for:		
PreK	3 <sup>rd</sup>	9 <sup>th</sup> - 12 <sup>th</sup>	
TK/K	4 <sup>th</sup>	Specific Event:	
1 st	5 <sup>th</sup>	Date of Event:	
2 <sup>nd</sup>	$6^{\text{th}}/7^{\text{th}}/8^{\text{th}}$	*Teacher(s):	
Signature:		Date:	

Please submit this form and your driver's license to the office.