



**parent  
driven  
schools**

**VOLUNTEER APPLICATION**

**[PRINT CLEARLY – IF MORE ROOM IS NEEDED PLEASE ATTACH A SEPARATE PAGE.]**

DATE: \_\_\_\_\_ VOLUNTEER ID #: \_\_\_\_\_ *(for pds use only)*

FIRST NAME: \_\_\_\_\_ LAST NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

PHONE NUMBER (include area code): (\_\_\_\_\_) - \_\_\_\_\_ - \_\_\_\_\_ (work or home)

CELL PHONE (if applicable): (\_\_\_\_\_) - \_\_\_\_\_ - \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

WHAT TIMES OF DAY WILL YOU BE AVAILABLE TO VOLUNTEER?*(please include the hours when you would normally be available to talk with a help-line caller.. As an example, if you are available mornings, please fill in the hours during the morning, such as 8-10, or 8-11, or 6:30-9)*

MORNING: \_\_\_\_\_ AFTERNOONS: \_\_\_\_\_ EVENINGS (from 5-7pm) \_\_\_\_\_ EVENINGS (after 7pm) \_\_\_\_\_

WHAT DAYS OF THE WEEK WOULD BE BEST? *(circle all that apply)*

MON                  TUES                  WED                  THUR                  FRI                  SAT

WHAT AREA ARE YOU MOST INTERESTED IN? *(circle all that apply)*

Helpline Specialist\*                  Street Team                  Political Advocate                  Fundraiser

HOW DID YOU HEAR ABOUT US? \_\_\_\_\_

\_\_\_\_\_

WHY ARE YOU INTERESTED IN WORKING WITH PARENT DRIVEN SCHOOLS? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

DESCRIBE YOUR BACKGROUND: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\*If you are interested in volunteering for the Helpline, we will contact you with further documentation needed.

**Thank you for your interest in helping Parent Driven Schools. Please fax back you completed application to 530-295-3583. Thank you for your interest in helping Parent Driven Schools. Call with any questions to 800-893-6199.**